

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 24 PM 1:06

DOCUMENT # P94000071164 (5)

1. Corporation Name
RUTLAND ROOFING, INC.

Principal Place of Business Mailing Address
~~110 BLUE INDIGO DR.~~ ~~110 BLUE INDIGO DR.~~
KISSIMMEE FL 34743 KISSIMMEE FL 34743

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
09/26/1994

2. Principal Place of Business 2a. Mailing Address
21 1415 MISTY CREEK CT 26 1415 MISTY CREEK CT
Suite, Apt. #, etc. Suite, Apt. #, etc.

4. FEI Number Applied For
59-3266673 Not Applicable

22 27

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 City & State 28 City & State
ORLANDO FL ORLANDO FL

6. Election Campaign Financing \$5.00 May Be Added to Fees
Trust Fund Contribution

24 Zip 25 Country 29 Zip 30 Country
32764 USA 32764 USA

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROWNE, TREVOR
~~110 BLUE INDIGO DR.~~
KISSIMMEE FL 34743

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
1415 MISTY CREEK COURT
83
84 City 85 Zip Code
ORLANDO FL 32764

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when receding) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	BROWNE, TREVOR
STREET ADDRESS	110 BLUE INDIGO DR.
CITY - ST - ZIP	KISSIMMEE FL 34743
TITLE	D
NAME	BROWNE, LEE
STREET ADDRESS	110 BLUE INDIGO DR.
CITY - ST - ZIP	KISSIMMEE FL 34743
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1415 MISTY CREEK COURT
1.4 CITY - ST - ZIP	ORLANDO, FL 32764
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1415 MISTY CREEK COURT
2.4 CITY - ST - ZIP	ORLANDO, FL 32764
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: T. Browne TREVOR PETER BROWNE 3-21-95 407 857 1698