

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000087386 (6)**

1. Corporation Name

ALL FLORIDA ROOFING AND HOME IMPROVEMENTS, INC.



Principal Place of Business

Mailing Address

**2800 ALLENHILL AVE., SUITE D
MELBOURNE FL 32940**

**2800 ALLENHILL AVE., SUITE D
MELBOURNE FL 32940**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

**GUCCIONE, MICHAEL
2800 ALLENHILL AVE., SUITE D
MELBOURNE FL 32940**

3. Date Incorporated or Qualified

12/01/1994

3a. Date of Last Report

02/06/1995

4. FEI Number

59-3285035

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 of corporation or its authorized officer or director

Signature of Registered Agent (signature required when receiving)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	GUCCIONE, MICHAEL	
STREET ADDRESS	2800 ALLENHILL AVE., SUITE D	
CITY-STATE	MELBOURNE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE		

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE	

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 119.07(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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-96

Date

407/242-4948

Daytime Phone

CR2E034 (12/95)