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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

ON OF CODOCOATIONS

1996	GO WE 185	DIVISI
DOCUMENT #	P9500003	4640

	1990	TO WE TO	SION OF CONFORMIONS	1			
DOCUMENT # P95000034640 (9)							
HORSE	HORSEJEANS ROOFING, INC.						
					N Pa nin Ariah man anah a min ana n a an		
Principal Place of Business Mailing Address							
4676 SE 145 ST 4676 SI		4676 SE 145					
Summerfieli	D FL 34431	Summerfiel	D FL 34431				
				3. Date Incorporated or Qualified 04/27/1995	3a. Date of Last Report		
2. Principal Place		2a. Mailing Addi 26		4. FEI Miniber 59-3312310	Applied Fr		
Suite, Apt. #,	, etc.	Suite, Apt. #		5. Certificate of Status Desired	\$8.75 Addition Fee Required		
City & State		City & State		Election Campaign Financing Trust Fund Contribution	S5.00 May B Added to Fees		
Zip 24	Country 25	Zip 29	Country	8. This corporation has liability for Florida Statutes Yes	intangible tax under s 199.032, ☐ No		
9. Name and Address of Current Registered Agent		····	10. Name and Address of New R	legistered Agent			
D400000	T		81 Name				
PADGETT, ERMAN + 4676 SE 145 ST SUMMERFIELD FL 34431		82 Street A	82 Street Address (P.O. Box Number is Not Acceptable)				
		83					
			84 City		Ja- 17: 0-1		
			OT City		85 Zip Code		

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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 wit	h, and accept the obligations of, Section 60	07.0505, Florida Statutes.		a see	
SIGNATURE _	Signature, typed or printed name of registered agent and title	Papplicatio. (NO	Fregistered Agent's griature req.	red where renstating) DATE	
12.	OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSTD	☐ DELETE	1 1 TITLE	Change Addition	
NAME	Padgett, Erman		1.2 NAME		
STREET ADDRESS	4676 SE 145 ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	SUMMERFIELD FL 34431		1.4 CITY - ST - 7IP		
TITLE	VD	X) DELETE	2 1 TITLE VP.	Change IX Addition	
NAME	BATE, ALEXANDER		2 2 NAME	MAGELL, EKMAN	
STREFT ADDRESS	989 SW 165 ST		2.3 STREET ADDRESS	4676 8.2. 145-88.	
CITY-ST-ZIP	OOALA FL-34473-8827 -		2.4 CITY-ST-ZIP	PAdgETT, EKMANI Change MAddition 4676 8. E. 145-St. SUMMERFIELD, FL 3443/ Change Addition	
TITLE		DELETE	3 1 TITLE	☐ Change ☐ Addition	
NAME			32 NAME	The state of the s	
STREET ADDRESS			3.3. STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY - S1 - 7/P		
TITLE		DELETE	4 1 TITLE	☐ Change ☐ Addition	
NAME			4.2 NAME		
STREET ADDRESS	•		4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5 1 TITLE	0000018383 45 0 Addition	
NAME			5 2 NAME	-05/24/9601034032	
STREET ADDRESS			5.3 STREET ADDRESS	***200,00	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	****200.00	
TITLE		[] DELETE	6. 1 TITLE	Change Addition	
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		

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 tho 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: Coman

PRESI

4-26-96 Daytime Ptone #

Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees

85

Zip Code