FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000035283 (7)

WERNICKE ROOFING INC # 2

Principal Place of Business

Mailing Address

5145 DREW STREET

5145 DREW STREET

FILED May 02 1997 8:00am Secretary of State



BROOKSVILLE FL 34609			BROOKSVILLE FL 34809-8213					
						3. Date Incorporated or Qualified 05/05/1995	3a. Date of L 10/23/19	
	lace of Business	2a. N	lailing Address	·		4. FEI Number	L	Applied For
21 15250 BLAIR AVE Suite, Apt. #, etc.		26	Suite, Apt. #, etc.			59-3308349		Not Applicable
		S				5. Certificate of Status Desired \$8.75 Additional		
City & Stat		27	ity & State					ee Required
TO 1		}	•		_	6. Election Campaign Financing		.00 May Be
Zip BRUC	OKSVILLE FL Country	28	BROOKSV	ILLE F Countr		Trust Fund Contribution 8. This corporation has liability for		ded to Fees
24 346		29	້34609	30	,	iniangibie tax un ∐Yes XNo		
<u></u>	9, Name and Addres		ed Agent	1001		Florida Statutes 10. Name and Address of New Re		
WEF	RNICKE, NANNIE P			81	Name			
	DOREWSTREET 15	250 BLAIR	LAIR AVE		82 Street Address (P.O. Box Number is Not Acceptable)			
	OKSVILLE FL 34609				Street Address (F.O. Box Mander is Not Addeptable)			
				83	· · · · · · · · · · · · · · · · · · ·			
				84	City		85	Zip Code
					1,		FL.	
11. Pursuant office or r agent. I a	to the provisions of Section registered agent, or both, im familiar with, and acce	ons 607.0502 and 607 in the State of Florida p) the obligations of, §	.1508, Florida Stati Such change was Section 607.0505, F	utes, the above authorized be lorida Statute	re-named cor y the corpora s.	poration submits this statement for the patients board of directors. I hereby acceptions	ourpose of chang of the appointme	ing its registered nt as registered
SIGNATURE	**************************************							
12.	Signature, typed or printed name of	FICERS AND DIRECT		13.	o is signature requ	uired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIREC	CTORS IN 12
TITLE	P	THOUSAND DING OF	DELETE	11 IIILE		ADDITION OF TAXABLE TO OF TR	Ch	
NAME	CROFT, JAMES			1.2 NAME				
STREET ADDRESS	5145 DREW STREET	•		1.3 STREE	I ADDRESS			
CITY-ST-ZIP	BROOKSVILLE FL 34	1609		1,4 CITY -				
TITLE	V		DELETE	2.1 TITLE			☐ Chi	ange 🔲 Addition
NAME	FRYE, RICKY L			2.2 NAME				
STREET ADDRESS	200 ALPINE CIRCLE			2.3 STREE	T ADDRESS			
CITY-ST-ZIP	BROOKSVILLE FL 34	1601		2. 4 CITY-	ST-ZIP			
TITLE	S		DELETE	3 1 111LE			Cha	ange Addition
NAME	BUSKIRK, LARRY VA			3 2 INAME				
STREET ADDRESS	21321 LAKE LINDSE			3.3 \$1RE	1 Address			
CITY-ST-ZIP	BROOKSVILLE FL 34	4601		3.4. CITY -	\$1-7IP			
TITLE	D		DELFTE	4.1 TILLE			☐ Cha	ange 🔲 Addition
NAME	WERNICKE, NANNIE			4. 2 NAME	-			
STREET ADDRESS	5145 DREW STREET				1 ADDRESS			
CITY-ST-ZIP	BROOKSVILLE FL 34	4609		4.4 CITY-	ST-ZIP		·-···	
TITLE			☐ DELETE	5.1 TITLE			☐ Ch	ange 🔲 Addition
NAME				52 NAME				
STREET ADDRESS					T ADDRESS			
CITY-ST-ZIP			T Severy	5.4 DITY-	ST-ZIP		T-1	
TITLE			☐ DELF1£	61 TALE			[] Ch	ange [] Addition
NAME				6 2 NAME				
STREET ADDRESS					1 ADDRESS			
CITY-ST-ZIP				6.4 CITY -	S1-ZIP			

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 logal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted 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.