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SIGNATURE: ROBERT SIMKINS SIGNATURE OF SIGNING OFFICER OR DIRECTOR

PROFIT OF CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State

19	L REPORT		DIVISION	OF CORPO	RATIONS				
DOCUM	ENT # P9 5	500008	9291	(5)					
ROBER	ame T SIMKINS REMODE	ELING, INC.							
Principal Place of	Business	Mailm	ig Address			T SODJEGOJ END SORAN DENIE BANK	AAJII ABIII AAIBI I	8 118 (818 8 1)8	I
2075 ABALON			75 ABALONE						
INDIALANTIC	FL 32903	N4	IDIALANTIC FL	32903					
						 Date Incorporated or Qualified 11/20/1995 	d 3a. Date	of Last Ro	роп
2. Principal Place	e of Business	2a. M	lailing Address			A ES I Murchae	Ω	F	applied For
		26				59-335702	7		Not Applicable
Suite, Apt. ⊭,	etc.	F ··· ¬	uite, Apt. #. el	C.		5. Certificate of Status Desired			Additional Required
City & State		27	ity & State			6. Election Campaign Financing		\$5.00	May Be
City & State		28				Trust Fund Contribution	LJ	Added	to Fees
Zip	Country	Z	ıρ		ountry	8. This corporation has liability f	for intang:ble ta ∕es ∷ No	ax under s	199.032,
I	9 Name and Address of	29 Current Register	red Agent	30		10. Name and Address of Nev		Agent	
	g. Hame and Address of				81 Name				
• WERLE,	EDWIN				82 Street Addr	ress (P.O. Box Number is Not Accep	table)		
2075 AB	IALONE AVE								
INDIAL A	NTIC FL 32903				83				
IIIUMA					04 04			85 Z	o Code
HUNDA					84 City		FI	. 1	
	the provisions of Sections 6 d agent, or both, in the State and accept the obligations	507.0502 and 607.1 e of Florida Such c of, Section 607.05	1508, Florida ! hange was au 105, Florida St	Statutes, the a thorized by th atutes.	<u>. </u>	ration submits this statement for the rid of directors. Thereby accept the a	FL purpose of ch appointment as	anging its registered	egistered of tic Lagerit. Lam
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4/24/96 (407) 723-9488