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 JUN 30 AM 9:52

DOCUMENT # **S33680** **(7)**

1. Corporation Name
TIMOTHY GRANT ROOFING AND CLEANING, INC.

Principal Place of Business	Mailing Address
POST OFFICE BOX 4053 FORT MYERS FL 33918	POST OFFICE BOX 4053 FORT MYERS FL 33918

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/25/1991**
3a. Date of Last Report: **10/18/1994**

2. Principal Address / Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 County 30

4. FEI Number: **65-0244007** ☐ 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 unemployment tax under Chapter 443, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WINESETT, ROBERT A. **2248 FIRST ST.** **FT. MYERS FL 33901**	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 Section 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 that appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE
(Required) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TITLE	P	1 TITLE	☐ Change ☐ Addition
2 NAME	FENOX, ROBERT D	2 NAME	
3 STREET ADDRESS	728 HIGGINS ROAD	3 STREET ADDRESS	
4 CITY ST ZIP	N FT MYERS FL 33917	4 CITY ST ZIP	
5 TITLE	VP	5 TITLE	☐ Change ☐ Addition
6 NAME	LONG, ROBERT S	6 NAME	
7 STREET ADDRESS	1701 BROWN ROAD	7 STREET ADDRESS	
8 CITY ST ZIP	ALVA FL 33920	8 CITY ST ZIP	
9 TITLE	T	9 TITLE	☐ Change ☐ Addition
10 NAME	FEWOX, DENNIS	10 NAME	
11 STREET ADDRESS	629 CAPITAL DRIVE	11 STREET ADDRESS	
12 CITY ST ZIP	NO. FORT MYERS FL 33918	12 CITY ST ZIP	
13 TITLE	D	13 TITLE	☐ Change ☐ Addition
14 NAME	GRANT, DELLA C	14 NAME	
15 STREET ADDRESS	1200 KNOLLWOOD ROAD	15 STREET ADDRESS	
16 CITY ST ZIP	MINERAL BLUFF GA 33917	16 CITY ST ZIP	
17 TITLE		17 TITLE	☐ Change ☐ Addition
18 NAME		18 NAME	
19 STREET ADDRESS		19 STREET ADDRESS	
20 CITY ST ZIP		20 CITY ST ZIP	
21 TITLE		21 TITLE	☐ Change ☐ Addition
22 NAME		22 NAME	
23 STREET ADDRESS		23 STREET ADDRESS	
24 CITY ST ZIP		24 CITY ST ZIP	

14. I (We) hereby certify that the information supplied with this filing is absolutely true and correct (not quoted for the purposes 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 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: X Robert Fenox Robert Fenox Pres 6/26/95 (813) 548-4923
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

0460004 FP