

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 27 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S55965

(5)

1. Corporation Name

J. H. WELLS ROOFING COMPANY

Principal Place of Business

191 CANOVA RD.
ORANGE PARK FL 32073

Mailing Address

191 CANOVA RD.
ORANGE PARK FL 32073

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/28/1991

3a. Date of Last Report

03/31/1994

2. Principal Place of Business

21 191 CANOVA RD

2a. Mailing Address

26 Same

4. FEI Number

59-3066560

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23 City & State

ORANGE PARK, FLORIDA

28 City & State

ORANGE PARK, FL

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

24 Zip

32073

25 Country

CLAY America

29 Zip

32073

30 Country

AMERICA

8. This corporation has liability for intangible tax under S. 199.032,
Hend's Statutes

☐

2145

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WELLS, JESSE H.
190 CANOVA RD.
ORANGE PARK FL 32073

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: Typed or printed name of registered agent and the filer (applicable)

(NOTE: Registered Agent signature required when renewing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME WELLS, JESSE H.
STREET ADDRESS 191 CANOVA RD.
CITY, ST, ZIP ORANGE PARK FL

1 1 TITLE
1 2 NAME
1 3 STREET ADDRESS
1 4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE D
NAME WELLS, PATRICIA
STREET ADDRESS 191 CANOVA RD.
CITY, ST, ZIP ORANGE PARK FL

2 1 TITLE
2 2 NAME
2 3 STREET ADDRESS
2 4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

3 1 TITLE
3 2 NAME
3 3 STREET ADDRESS
3 4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

4 1 TITLE
4 2 NAME
4 3 STREET ADDRESS
4 4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

5 1 TITLE
5 2 NAME
5 3 STREET ADDRESS
5 4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

6 1 TITLE
6 2 NAME
6 3 STREET ADDRESS
6 4 CITY, ST, ZIP

☐ Change ☐ Addition

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:

Patricia Wells

Patricia Wells - Secretary

4-24-95

904-264-8611

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #