# 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

APPROVED AND FILED

95 APR 27 PM 1:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S66299 (6)

1. Corporation Name
CRUMMERS ROOFING ENTERPRISES, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2943 PERSHING AVE<br>SARASOTA FL 34234 | 2943 PERSHING AVE<br>SARASOTA FL 34234 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/15/1991
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 1403 ORANGE STREET
Suite, Apt. #, etc.
22 MOUNT DORA, FLA
City & State
23 32757 LAKE
Zip 24 County 25

2a. Mailing Address
26 1403 ORANGE STREET
Suite, Apt. #, etc.
27 MOUNT DORA, FLA
City & State
28 32757 LAKE
Zip 29 County 30

4. FEI Number: 65-0304364 ☐ 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 intangible tax under § 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CRUMMER, IRVEN A.
2943 PERSHING AVE
SARASOTA FL 34234

10. Name and Address of New Registered Agent

01 Name: CRUMMER, IRVEN A.
02 Street Address (P.O. Box Number is Not Acceptable): 1403 ORANGE STREET
03 MOUNT DORA FLA 32757
04 City FL 05 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 title if applicable) (NOTE: Registered Agent signature required when reinstating) (DATE)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | D | 11 TITLE | ☐ Change ☐ Addition |
| NAME | CRUMMER, IRVEN A. | 12 NAME | |
| STREET ADDRESS | 2943 PERSHING AVE | 13 STREET ADDRESS | |
| CITY ST ZIP | SARASOTA FL | 14 CITY ST ZIP | |
| TITLE | PTS | 21 TITLE | ☐ Change ☐ Addition |
| NAME | CRUMMBER, IRVEN A. | 22 NAME | |
| STREET ADDRESS | 2943 PERSHING AVE | 23 STREET ADDRESS | |
| CITY ST ZIP | SARASOTA FL | 24 CITY ST ZIP | |
| TITLE | | 31 TITLE | ☐ Change ☐ Addition |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY ST ZIP | | 34 CITY ST ZIP | |
| TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY ST ZIP | | 44 CITY ST ZIP | |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY ST ZIP | | 54 CITY ST ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY ST ZIP | | 64 CITY ST ZIP | |

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)(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: IRVEN A. CRUMMER Irven A. Crummer 4-24-95 (Date) 104-383-1897 (Daytime Phone #)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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