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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
CORPORATION

APPROVED
AND
FILED

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DOCUMENT # S94206

(7)

RITE PRICE ROOFING INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Office Address
27837 U.S. 19 NORTH
F
CLEARWATER FL 34621
US

Mailing Address
27837 U.S. 19 NORTH
LARGO FL 34641
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/14/1991	3a. Date of Last Report 05/01/1994
4. FEI Number 59-3094840	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
7. Has corporation liability for intangible tax under S. 199 been Florida Statutes ☐ Yes ☐ No	

2. Principal Office Address 21 Suite Apt # etc 22 City & State 23 Zip 24	2a. Mailing Address 26 27837 U.S. 19 N. 27 Suite F 28 Clearwater, FL 29 34621 30 Pinellas
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9. Name and Address of Current Registered Agent

HOPKINS, MARK C.
27837 U.S. 19 NORTH
SUITE F
CLEARWATER FL 34621

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.05(2) and 607.15(8), 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 607.05(5), Florida Statutes.

SIGNATURE

Agent or Agent's authorized representative sign and print name here.

Registered Agent sign and print name here.

At:

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P		1. TITLE	☐ Change	☐ Addition
NAME	HOPKINS, MARK C.		2. NAME		
STREET ADDRESS	27837 U.S. 19 NORTH SUITE F		3. STREET ADDRESS		
CITY, ST, ZIP	CLEARWATER FL		4. CITY, ST, ZIP		
TITLE	V		5. TITLE	☐ Change	☐ Addition
NAME	HOPKINS, MARK C.		6. NAME		
STREET ADDRESS	27837 U.S. 19 NORTH SUITE F		7. STREET ADDRESS		
CITY, ST, ZIP	CLEARWATER FL		8. CITY, ST, ZIP		
TITLE			9. TITLE	☐ Change	☐ Addition
NAME			10. NAME		
STREET ADDRESS			11. STREET ADDRESS		
CITY, ST, ZIP			12. CITY, ST, ZIP		
TITLE			13. TITLE	☐ Change	☐ Addition
NAME			14. NAME		
STREET ADDRESS			15. STREET ADDRESS		
CITY, ST, ZIP			16. CITY, ST, ZIP		
TITLE			17. TITLE	☐ Change	☐ Addition
NAME			18. NAME		
STREET ADDRESS			19. STREET ADDRESS		
CITY, ST, ZIP			20. CITY, ST, ZIP		

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 199.01(2), (3), (4), (5), (6), (7), (8), (9), (10), (11), (12), (13), (14), (15), (16), (17), (18), (19), (20), (21), (22), (23), (24), (25), (26), (27), (28), (29), (30), (31), (32), (33), (34), (35), (36), (37), (38), (39), (40), (41), (42), (43), (44), (45), (46), (47), (48), (49), (50), (51), (52), (53), (54), (55), (56), (57), (58), (59), (60), (61), (62), (63), (64), (65), (66), (67), (68), (69), (70), (71), (72), (73), (74), (75), (76), (77), (78), (79), (80), (81), (82), (83), (84), (85), (86), (87), (88), (89), (90), (91), (92), (93), (94), (95), (96), (97), (98), (99), (100), (101), (102), (103), (104), (105), (106), (107), (108), (109), (110), (111), (112), (113), (114), (115), (116), (117), (118), (119), (120), (121), (122), (123), (124), (125), (126), (127), (128), (129), (130), (131), (132), (133), (134), (135), 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(994), (995), (996), (997), (998), (999), (1000).

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-95

813-461-1444