

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **V46567** (6)  
1. Corporation Name  
**WERNICKE AND ~~GURCANUS~~ A-1 ROOFING, INC.**  
**WERNICKE**

Principal Place of Business

5145 DREW ST  
BROOKSVILLE FL 34609

Mailing Address

5145 DREW ST  
BROOKSVILLE FL 34609

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt., etc.

26 Suite, Apt., etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

9. Name and Address of Current Registered Agent

WERNICKE, JAMES E.  
5145 DREW STREET  
BROOKSVILLE FL 34609

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 607.0012 and 607.1503, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to 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, Sections 607.001, 607.1503, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

NAME  
D WERNICKE, NANNIE P  
STREET ADDRESS  
5145 DREW ST  
CITY, ST, ZIP  
BROOKSVILLE FL

2. TITLE ☒ DELETE

NAME  
D GURCANUS, MICHAEL  
STREET ADDRESS  
5145 DREW ST  
CITY, ST, ZIP  
BROOKSVILLE FL

3. TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY, ST, ZIP

4. TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY, ST, ZIP

5. TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY, ST, ZIP

6. TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

NAME  
500001761255  
-03/28/96--01055--022  
\*\*\*\*208.75 \*\*\*\*208.75

2. TITLE ☐ Change ☒ Addition

NAME  
D WERNICKE PAUL  
STREET ADDRESS  
5145 DREW STREET  
CITY, ST, ZIP  
BROOKSVILLE FL 34609

3. TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY, ST, ZIP

4. TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY, ST, ZIP

5. TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY, ST, ZIP

6. TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY, ST, ZIP

14. I do hereby certify that the information supplied on this Report is valid and my signature and check are not guilty for the exemption stated in Section 119.043, 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 index.

SIGNATURE: *Nannie P. Wernicke*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PIN

4/29/96 352-799-0228

FILED

96 MAR 21 PM 1:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CR2E034 (12/95)