## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V46567

(6)

WERNICKE AND WERNICKE A-1 ROOFING INC.

Principal Place of Business Mailing Address

15240 BLAIR AVE
BROOKSVILLE FL 34609 BROOKSVILLE FL 34609

FILED
May 13 1998 8:00am
Secretary of State

1007    1244   1000   1107   1147   1447   1007   1007	
DO NOT WRITE IN T	HIS SPACE
Date Incorporated or Qualified	
06/29/1992	
FEI Number	Applied For
59-3132179	Not Applicable
	\$8.75 Additional

. E BERNA BIJERIA OKRIB BIJERI BINUR BIJIRI IBBI AHRIK BIRDI BIBIR BIBIR ANDI BIRIR BIRIR BIJERI BIJERI KARA HABI

2.	Principal Place of Busin	1065	24.	. Mailing Address				4.	FEI Number			Applied For	
1			26					<u>l</u> .	59-3132179			Not Applicable	
2	Suite, Apt. #, etc.		27	Suite, Apt. #, etc.				Б.	Certificate of Status Desired			5 Additional Required	j
3	City & State		28	City & State				6.	Election Campaign Financing Trust Fund Contribution			May Be ed to Fees	
4	Zip	Country 25	29	Zip	Cour	ntry		8.	This corporation owes or has pa Personal Property Tax due June		urrent year	Intangible  No	
	9. Name	and Address of Current	legis	tered Agent				10.	Name and Address of New Re	glatered	Agent		1
	WERNICKE, J				ľ	81	Name						
	15250 BLAIR / BROOKSVILLE	··· <b>-</b>				82	Street Addre	ss (P	O. Box Number is Not Acceptab	ole)			
					Ţ.	83		•					
					- 17	RAI	City				les 7i	n Code	1

3.

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 app	icable (NOTE:	Registered Agent signature requ	ired when reinstating)	DATE	
12.	OFFICERS AND DIRECTOR		13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR	S IN 12
TITLE	D	DELETE	1,1 TITLE		Change	Addit
RAME	WERNICKE, NANNIE P.		1.2 NAME			
STREET ADDRESS	5145 DREW ST		1.3 STREET ADDRESS			
CITY-ST-ZIP	BROOKSVILLE FL 34609		1.4 CITY - ST - ZIP			
TITLE	D	DELETE	2.1 TITLE		☐ Change	Additio
NAME	WERNICKE, PAUL		2.2 NAME			
STREET ADDRESS	5145 DREW ST		2.3 STREET ADDRESS			
CITY+ST-ZIP	BROOKSVILLE FL 34609		2. 4 CITY+ST-ZIP			
TITLE	VP	☐ DELETE	3.1 TITLE		☐ Change	Addition Addition
NAME	HARVARD, PATRICK		3.2 NAME			
STREET ADDRESS	5145 DREW ST		3.3 STREET ADDRESS			
CITY-ST-ZIP	BROOKSVILLE FL 34609		3.4. CITY+ST-ZIP			
TITLE		DELETE	4.1 TITLE		☐ Change	Additio
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change	Additio
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		☐ Change	Additi
NAME			6.2 NAME	e-		
STREET ADDRESS			6 3 STREET ADDRESS			
C(TV - ST - 700			64 CITY- ST- 7IP			

14. I hereby certify that the information supplied with this filing 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: MANUE 3. Wernich

4/30193

R2E034 (10/97)