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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V47762 (2)

1. Corporation Name
MCENTEE ROOFING, INC.

FILED
95 JAN 27 PM 3:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
1040 BAYVIEW DR SUITE 600 FT LAUDERDALE FL 33304	1040 BAYVIEW DR SUITE 600 FT LAUDERDALE FL 33304

3. Date Incorporated or Qualified: 07/06/1992
3a. Date of Last Report: 02/04/1994

2. Principal Place of Business
21: 4425 NW 81 TER
Suite, Apt. #, etc. 22:
City & State 23: CORAL SPRINGS FL
Zip 24: 33065 Country 25:

2a. Mailing Address
26: 8581 W. MCNAB RD
Suite, Apt. #, etc. 27:
City & State 28: TAMARAC FL
Zip 29: Country 30:

4. FEI Number: 65-0343131 ☐ 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 S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

GOFF, CHARLES A
% CASORIA & GOFF, P.A.
1040 BAYVIEW DR SUITE 600
FT LAUDERDALE FL 33304

10. Name and Address of New Registered Agent

81 Name: WILLIAM WILLNER
82 Street Address (P.O. Box Number is Not Acceptable): 8581 W. MCNAB ROAD
83:
84 City: TAMARAC FL 85 Zip Code: 33321

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: _____ WILLIAM WILLNER 1/25/95
(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	PD	1.1 TITLE	☒ Change ☐ Addition
NAME	MCENTEE, MICHAEL A	1.2 NAME	
STREET ADDRESS	7500 NW 96TH TERR.	1.3 STREET ADDRESS	4425 NW 81 ST TERRACE
CITY-ST-ZIP	TAMARAC FL	1.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33065
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: Michael A. McEntee MICHAEL A. MCENTEE 1/25/95 305-341-9990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0211183 CP