

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 14 PM 3: 32

DOCUMENT # V74057

(3)

1. Corporation Name

J.A. TAYLOR ROOFING, INC.

Principal Place of Business

700 FRENCH CREEK LN
FT PIERCE FL 34982

Mailing Address

700 FRENCH CREEK LN
FT PIERCE FL 34982

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/22/1992

3a. Date of Last Report

02/22/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

65-0365736-65-0441206

Applied For

Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23

City & State

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

24

Country

25

Zip

29

Country

30

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TAYLOR, JAMES A. SR.
700 FRENCH CREEK LN
FT PIERCE FL 34982

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 607.0502 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 fee if applicable

NOTE: Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP
NAME	TAYLOR, JAMES A., SR.
STREET ADDRESS	700 FRENCH CREEK LN
CITY - ST - ZIP	FT PIERCE FL
TITLE	DS
NAME	TAYLOR, PATRICIA K.
STREET ADDRESS	700 FRENCH CREEK LN
CITY - ST - ZIP	FT PIERCE FL
TITLE	VP
NAME	TAYLOR, STEVEN K
STREET ADDRESS	700 FRENCH CREEK LN
CITY - ST - ZIP	FT. PIERCE FL
TITLE	T
NAME	TAYLOR, CHAD
STREET ADDRESS	700 FRENCH CREEK LN
CITY - ST - ZIP	FT. PIERCE FL
TITLE	Retired
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	Director	☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	Sec/Treas	☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	Vice President	☒ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	President	☐ Change ☒ Addition
5.2 NAME	Terry J. Meyer	
5.3 STREET ADDRESS	3505 Quail Hollow Tr Unit C	
5.4 CITY - ST - ZIP	Palm City FL 34990	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(b), 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

Patricia K. Taylor
PATRICIA K. TAYLOR
Pat Taylor

4/6/95

407-461-7848

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number