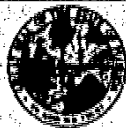


**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

**95 APR 10 AM 11:29**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # 405017 (5)**

1. Corporation Name

**OLEN WALDREP & SONS ROOFING, INC.**

Principal Place of Business

**7000 SW 21ST PLACE  
DAVE FL 33317**

Mailing Address

**7000 SW 21ST PLACE  
DAVE FL 33317**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

**07/17/1972**

3a. Date of Last Report

**01/19/1994**

4. FEI Number

**50-1420168**

Applied For

Not Applicable

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22. City & State

23

27. City & State

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$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

10. Name and Address of New Registered Agent

**WALDREP, ARTES OLEN  
7000 SW 21 PLACE  
DAVE, FL  
33317**

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 title if applicable

(NOTE: Registered Agent signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

NAME

**WALDREP, ARTES OLEN**

STREET ADDRESS

**11100 S.W. 57TH ST.**

CITY - ST - ZIP

**FT. LAUDERDALE FL**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

ST

NAME

**MCLAUGHLIN BERYL**

STREET ADDRESS

**3000 BENT CYPRESS RD**

CITY - ST - ZIP

**WEST PALM BEACH FL**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

D

NAME

**WALDREP, BETTY**

STREET ADDRESS

**11100 S.W. 57TH STREET**

CITY - ST - ZIP

**FT. LAUDERDALE FL**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

V

NAME

**WALDREP, GARY OLEN**

STREET ADDRESS

**5840 SW 111TH TERRACE**

CITY - ST - ZIP

**FT. LAUDERDALE FL**

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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)(k), 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 liquidator 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 amendments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR

Date

(Signature Printed)

**4/6/95**

**(905) 474-3936**