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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **405017** **(5)**

1. Corporation Name
OLEN WALDREP & SONS ROOFING, INC.

Principal Place of Business	Mailing Address
7000 SW 21ST PLACE DAVIE FL 33317	7000 SW 21ST PLACE DAVIE FL 33317-7133

3. Date Incorporated or Qualified: **07/17/1972**
3a. Date of Last Report: **01/30/1996**

2. Principal Place of Business — 21: —
2a. Mailing Address — 26: —
Suite, Apt. # etc. — 22: —
Suite, Apt. #, etc. — 27: —
City & State — 23: —
City & State — 28: —
Zip — 24: —
Country — 25: —
Zip — 29: —
Country — 30: —

4. FEI Number: **59-1420168** ☐ 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

WALDREP, ARTES OLEN
7000 SW 21 PLACE
DAVIE, FL
33317

10. Name and Address of New Registered Agent

81 Name: Waldrep, Gary Olen
82 Street Address (P.O. Box Numbers Are Not Acceptable): 7000 SW 21st Place
83:
84 City: Davie **FL** 85 Zip Code: 33317

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: X _____ 2-26-97
(Type or print 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WALDREP,ARTES OLEN 11100 S.W. 57TH ST. FT. LAUDERDALE FL	XX DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST MCLAUGHLIN BERYL 3000 BENT CYPRESS RD WEST PALM BEACH FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Asst. Secretary McLaughlin, Beryl 1714 Farmington Circle West Palm Beach, FL 33414 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V WALDREP, GARY OLEN 5640 SW 111TH TERRACE FT. LAUDERDALE FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	President/Director Waldrep, Gary Olen 5640 SW 111 Terrace Ft. Lauderdale, FL 33328 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	Vice President Waldrep, Artes Dwayne 6200 SW 36th Street Davie, FL 33314 ☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	S/T Waldrep, Donna Rae 5640 SW 111 Terrace Ft. Lauderdale, FL 33328 ☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

14. I do 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: X _____ [illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/97 (954) 474-3335
Date Daytime Phone #

0277415