

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 243643

(4)

1. Corporation Name

POMPANO ROOFING COMPANY

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 20 AM 4:08

Principal Place of Business

3210 N. POWERLINE ROAD
POMPANO BEACH FL 33309-5912

Mailing Address

3210 N. POWERLINE ROAD
POMPANO BEACH FL 33309-5912

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/11/1961

3a. Date of Last Report

02/08/1994

4. FEI Number

59-0913078

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

2. Principal Place of Business

21 1531 S.W. 3 STREET

2a. Mailing Address

26 1531 S.W. 3 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Pompano Beach

27 Pompano Beach

City & State

City & State

23 FL.

28 FL

Zip Country

Zip Country

24 33069

29 33069

9. Name and Address of Current Registered Agent

CLARK, CHESTER W.
3210 N. POWERLINE ROAD
POMPANO BCH. FL 33069

10. Name and Address of New Registered Agent

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME CLARK JR, CHESTER W
STREET ADDRESS 3240 OLEANDER WAY
CITY- ST- ZIP POMPAO BCH. FL

TITLE VP
NAME JORDAN, BRUCE L.
STREET ADDRESS 411 SW 4TH AVENUE
CITY- ST- ZIP BOYNTON BCH. FL

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☐ 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 ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

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 199.03(9)(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 corporation 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: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF PRINCIPAL OFFICER OR DIRECTOR

1. 9. 95

Dayton, Florida