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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 20 PM 4:08

DOCUMENT # 243643 (4)

1. Corporation Name

POMPANO ROOFING COMPANY

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 SW. 3 STREET

2a. Mailing Address

26 1531 SW. 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

25

29 33069

30

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

DATE Registered Agent signature required when not dated

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME CLARK JR, CHESTER W
STREET ADDRESS 3240 OLEANDER WAY
CITY- ST- ZIP POMPANO 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

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 119.07(2)(b), Florida Statutes. Further, I do hereby 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: ✓

C. Clark
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

1.9.95

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