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 FEB 24 AM 11:26

DOCUMENT # 318429 **(8)**

1. Corporation Name
BRADY ROOFING AND SHEET METAL INC

Principal Place of Business	Mailing Address
8490 NW 64TH STREET MIAMI FL 33166	8490 NW 64TH STREET MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/06/1967
3a. Date of Last Report: 01/31/1994

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: 59-1170007 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired: XX **$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: XX Yes ☐ No

9. Name and Address of Current Registered Agent

LINGERFELT, G.K.
8940 NW 64TH ST
MIAMI FL 33166

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: Gerald K. Lingerfelt SEC/TREAS. 2/21/95
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when mentioned) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	XX Change ☐ Addition
NAME	LINGERFELT, M.A.	12 NAME	
STREET ADDRESS	19635 N.E. 13TH PLACE	13 STREET ADDRESS	PLEASE DELETE RESIGNED POSITION
CITY-ST-ZIP	N. MIAMI BCH FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change XX Addition
NAME	LINGERFELT, C.H	22 NAME	
STREET ADDRESS	14444 S.W. 21ST STRET	23 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL	24 CITY-ST-ZIP	ZIP 33325
TITLE	VD	31 TITLE	☐ Change XX Addition
NAME	LINGERFELT, D.E.	32 NAME	
STREET ADDRESS	5831 SW 185 WAY	33 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	34 CITY-ST-ZIP	ZIP 33332
TITLE	SD	41 TITLE	☐ Change XX Addition
NAME	LINGERFELT, G K	42 NAME	
STREET ADDRESS	8160 GENEVA COURT APT 104A	43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP	ZIP 33166
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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: C H LINGERFELT VP 2/21/95 (305) 593-0011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0101203 CP