

FILE NOW: FILING FEE AFTER MAY 1 IS \$100.00

APPROVED
AND
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95 JAN 25 AM 10:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Gordon B. McPherson
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 729291 (5)

1. Corporation Name

ROOFERS LOCAL 77, INC.

Principal Place of Business

Mailing Address

3057 WEST BROWARD BOULEVARD
FORT LAUDERDALE FLORIDA 33312-1294

3057 WEST BROWARD BOULEVARD
FORT LAUDERDALE FLORIDA 33312-1294

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/05/1974

3a. Date of Last Report

05/01/1994

4. FEI Number

59-0670535

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RICHARDVILLE, SALLIE A.
3057 WEST BROWARD BLVD.
FT LAUDERDALE, FL
33312

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 607.1506, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE STD
NAME RICHARDVILLE, SALLIE
STREET ADDRESS 3057 W BROWARD BLVD
CITY-ST-ZIP FT LAUDERDALE, FL 00000

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE PD
NAME ~~SMITH, DONALD~~
STREET ADDRESS 3057 W BROWARD BLVD.
CITY-ST-ZIP FT. LAUDERDALE FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

PRESIDENT/DIRECTOR
BRUCE SIMPSON

☒ Change ☐ Addition

TITLE ~~RSD~~
NAME ~~SIMPSON, BRUCE~~
STREET ADDRESS 3057 W BROWARD BLVD.
CITY-ST-ZIP FT. LAUDERDALE FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

VICE PRESIDENT/DIRECTOR
LARRY DAHLIN

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

AP 1/30

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 110.07(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 trustee empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sallie A. Richardville*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-95

Date

305-292-1220

Daytime Phone