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 -3 PM 9:44

DOCUMENT # F49272 (0)

1. Corporation Name
STROZ ROOFING, INC.

Principal Place of Business	Mailing Address
13409 LA MIRADA CIR. W PALM BCH FL 33414-0955	13409 LA MIRADA CIR. W PALM BCH FL 33414-0955

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/12/1981
3a. Date of Last Report: 01/21/1994

2. Principal Place of Business
21: 1310 PAMPAS WAY
22: Suite, Apt. #, etc.
23: City & State: WPB, FL.
24: Zip: 33414
25: Country: PALM BEACH

2a. Mailing Address
26: 1310 PAMPAS WAY
27: Suite, Apt. #, etc.
28: City & State: WPB, FL.
29: Zip: 33414
30: Country: PALM BCH.

4. FEI Number: 59-2329364 ☐ 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

STROZ, JAMES
13409 LA MIRADA CIR.
W PALM BEACH FL 33414

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable): 1310 PAMPAS WAY
83
84 City: WEST PALM BCH. FL 85 Zip Code: 33414

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: James S. Stroz — 1/20/95
(If changing registered or posted name of registered agent and that is applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	1.1 TITLE	☑ Change ☐ Addition
NAME	STROZ, JIM	1.2 NAME	
STREET ADDRESS	13409 LA MIRADA CIR.	1.3 STREET ADDRESS	1310 PAMPAS WAY
CITY-ST-ZIP	W PALM BCH, FL 00000	1.4 CITY-ST-ZIP	WPB, FL. 33414
TITLE	PVS	2.1 TITLE	☑ Change ☐ Addition
NAME	STROZ, JAMES S.	2.2 NAME	
STREET ADDRESS	13409 LA MIRADA CIRCLE	2.3 STREET ADDRESS	1310 PAMPAS WAY
CITY-ST-ZIP	WEST PALM BEACH FL	2.4 CITY-ST-ZIP	WPB, FL. 33414
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME	(JIM STROZ IS THE SAME PERSON AS JAMES S. STROZ	3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an addition.

JAMES S. STROZ
SIGNATURE: James S. Stroz — 1/20/95 — 407-793-5946
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0262705 CP