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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Saridra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

G31563 DOCUMENT #

1. Corporation Name

(1)

WALSDORF ROOFING, INC.

|--|--|

	of Business	Mailing Address						
% ROY WALSDORF 96 HWY, 17-92 N HAINES CITY FL 33844		% ROY WALSDORF 96 HWY. 17-92 N HAINES CITY FL 33844						
				<ol> <li>Date Incorporated or Qualified 04/04/1983</li> </ol>	3a. Date of Last Report 01/31/1995			
2. Principal Pl	ace of Business	2a. Maling Address			4. FEI Number 59-2277624		$\longrightarrow$	Applied For
21		26			33 2217024			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt #, etc.			5. Certificate of Status Desired			Additional Required
City & State	6	Oity & State			6. Election Campaign Financing			<b>0</b> May Be
23		28			Trust Fund Contribution			d to Fees
Ζιρ <b>24</b>	Country 25	ZI၇ <b>29</b>	Country 30	1	8. This corporation has liability for Florida Statutes X Yes	intangible tax	under s	199.032,
F-7]	9. Name and Address of Curren			····	10. Name and Address of New F	Registered A	gent	
			81	Name				
	ORF, ROY		82	Street Addr	ress (P.O. Box Number is Not Acceptab	ole)	·	
	/. 17-92 N 5 City FL 33844		83				<u>-</u> .	
FLAIRES	CIT FE 33044		63					
			84	City		FL	85 Z	p Code
or registe	to the provisions of Sections 607.0502 red agent, or both, in the State of Floric ith, and accept the obligations of, Sect	da. Such change was authorize	ed by the corp	named corpo xoration's boa	ration submits this statement for the pul and of directors. Thereby accept the app	rpose of chan nointment as re	iging its egistered	registered office diagent. Lam
SIGNATURE						F:ATE		
	Styranie, typen or protest called diregisters aby of OFFICERS AN		de Bajstaci Ajer I 13.	ist sojnat en redjung		DATE	DIRECTO	ORS IN 12
SIGNATURE  12. Title	Styranos, taxes or prosocians of rejector sayed OFFICERS AN		13.	ot sejnat ze, realizes	ADDITIONS/CHANGES TO OFF	ICERS AND D	DIRECTO	DRS IN 12
12.	DP WALSDORF, ROY	D DIRECTORS	13.	ot signature, respons		ICERS AND D		
<b>12.</b> TITLE	OFFICERS AN WALSDORF, ROY 706 ALTA VISTA DR	D DIRECTORS	13. 1 1 TITLE 1 2 NAME	od sejnat za, resjons I ADDRESS		ICERS AND D		
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ruo hereby definity that the information supplied with this hing is voluntarily turnished and does not quality for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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 Black 12 or Black 13 if changed, or on an attachment with an address

SIGNATURE: Pay Welsele Printed NAME OF FLORING OFFICER OR DIRECTOR ROY WAS dorf 4-30-96 941-422-1244