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 JAN 17 PM 12:27

DOCUMENT # J03039 (1)

1. Corporation Name
CUSTOM CAULKING & WATERPROOFING, INC.

Principal Place of Business	Mailing Address
1306 N. FEDERAL HWY POMPANO BCH. FL 33062	1306 N. FEDERAL HWY POMPANO BCH. FL 33062

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/07/1986
3a. Date of Last Report: 01/20/1994

2. Principal Place of Business — 21 Suite, Apt. #, etc. — 22 City & State — 23 Zip — 24 Country — 25
2a. Mailing Address — 26 Suite, Apt. #, etc. — 27 City & State — 28 Zip — 29 Country — 30

4. FEI Number: 59-2568917 ☐ 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

SIEGMAN ROBERT JR
1306 N FEDERAL HWY
POMPANO BEACH FL 33062

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 _____ DATE
(If changing Registered Office) (If changing Registered Agent, or both)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	SIEGMAN, ROBERT B., SR.	12 NAME	
STREET ADDRESS	1221 NE 27TH TERRACE	13 STREET ADDRESS	
CITY ST ZIP	POMPANO BEACH FL	14 CITY ST ZIP	
TITLE	PVST	21 TITLE	☐ Change ☐ Addition
NAME	SIEGMAN, ROBERT B. JR.	22 NAME	
STREET ADDRESS	7514 SW 7TH COURT	23 STREET ADDRESS	
CITY ST ZIP	NORTH LAUDERDALE FL	24 CITY ST ZIP	
TITLE	D	31 TITLE	☒ Change ☐ Addition
NAME	SIEGMAN, CONSTANCE L.	32 NAME	
STREET ADDRESS	208 NE 23RD AVENUE APT #2	33 STREET ADDRESS	3405 NE 22nd Ave.
CITY ST ZIP	POMPANO BEACH FL	34 CITY ST ZIP	Ft. Lauderdale, Fl
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	SIEGMAN, SANDRA M.	42 NAME	
STREET ADDRESS	1221 NE 27TH TERRACE	43 STREET ADDRESS	
CITY ST ZIP	POMPANO BEACH FL	44 CITY ST ZIP	
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. 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: Robert B. Siegman Jr. Robert B. Siegman, Jr. 1-9-95 (305) 943-1151
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

0104704 CP