

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 AM 3:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J17622 (8)

1. Corporation Name

EVANS BROS. ROOFING AND PAINTING, INC.

Principal Place of Business

**% BILL BAILEY
3932 N.W. 19TH AVENUE
OAKLAND PARK FL 33309**

Mailing Address

**% BILL BAILEY
3932 N.W. 19TH AVENUE
OAKLAND PARK FL 33309**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
08/04/1986

3a. Date of Last Report
05/01/1994

4. FEI Number
59-2675498

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**

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

2. Principal Place of Business

21 **1071 N.E. 43 STREET**

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 **OAKLAND PARK, FL.**

City & State

28

Zip

24 **33334**

Country

25 **BROWARD**

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**BAILEY, BILL
3932 N.W. 19TH AVENUE
OAKLAND PARK FL 33309**

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

Bill Bailey *Bill Bailey President*

April 18/1995

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	BAILEY, BILL
STREET ADDRESS	3932 N.W. 19TH AVENUE
CITY - ST - ZIP	OAKLAND PARK FL
TITLE	ST
NAME	FOSTER, RAYMOND
STREET ADDRESS	2580 SW 6 CT
CITY - ST - ZIP	FT. LAUDERDALE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	VP
2.3 STREET ADDRESS	EZEKIEL SAENCE
2.4 CITY - ST - ZIP	4141 SW 52nd St Fort Lauderdale 33314
3.1 TITLE	☐ Change ☒ Addition
3.2 NAME	SEC/ TR
3.3 STREET ADDRESS	THOMAS WATERS
3.4 CITY - ST - ZIP	152 N.E. 38th St apt 78
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 address.

SIGNATURE:

Bill Bailey *Bill Bailey President* *April 18/1995* *305-566-5238*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR