

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 23 PM 3:05

DOCUMENT # M35368 (3)

1. Corporation Name

TRANS AMERICA ROOFING & WATERPROOFING, INC. 2

Principal Place of Business

Mailing Address

**% MR. GERALD CRAFT
20312 N.E. 16TH PLACE
MIAMI FL 33179**

**% MR. GERALD CRAFT
20312 N.E. 16TH PLACE
MIAMI FL 33179**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/18/1986

3a. Date of Last Report

02/07/1994

4. FEI Number

65-0051295

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**

Trust Fund Contribution

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

2. Principal Place of Business

3950 N.W. 31 Avenue

2a. Mailing Address

3950 N.W. 31 Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33142

Country

U.S.A.

Zip

33142

Country

U.S.A.

9. Name and Address of Current Registered Agent

**CRAFT, GERALD
20312 N.E. 16TH PLACE
MIAMI FL 33179**

10. Name and Address of New Registered Agent

81. Name

Gerald Craft

82. Street Address (P.O. Box Number is Not Acceptable)

3950 N.W. 31 Avenue

83.

84. City

Miami

FL

85. Zip Code

33142

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

(Signature of Agent or Registered Agent or both, if applicable)

(Name of Registered Agent or both, if applicable)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	CRAFT, GERALD
STREET ADDRESS	20312 N.E. 16TH PLACE
CITY, ST, ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
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. TITLE	DP	☒ Change ☐ Addition
2. NAME	CRAFT, GERALD	
3. STREET ADDRESS	3950 N.W. 31 AVENUE	
4. CITY, ST, ZIP	MIAMI FLORIDA 33142	
21. TITLE		☐ Change ☐ Addition
22. NAME		
23. STREET ADDRESS		
24. CITY, ST, ZIP		
31. TITLE		☐ Change ☐ Addition
32. NAME		
33. STREET ADDRESS		
34. CITY, ST, ZIP		
41. TITLE		☐ Change ☐ Addition
42. NAME		
43. STREET ADDRESS		
44. CITY, ST, ZIP		
51. TITLE		☐ Change ☐ Addition
52. NAME		
53. STREET ADDRESS		
54. CITY, ST, ZIP		
61. TITLE		☐ Change ☐ Addition
62. NAME		
63. STREET ADDRESS		
64. CITY, ST, ZIP		

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07(4)(b), 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 687, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gerald Craft, President

March 23, 1995

305-635-3200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number