SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 5/1/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT 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 JUN 19 PM 12:02

DOCUMENT # P93000073481 (2)

1. Corporation Name
OWENS ROOFING, INC.

Principal Place of Business	Mailing Address
2308 S.W. 57TH AVE. HOLLYWOOD FL 33023	2308 S.W. 57TH AVE. HOLLYWOOD FL 33023

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/18/1993	3a. Date of Last Report: 06/08/1994
4. FEI Number: 65-0451394	☐ 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
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

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

9. Name and Address of Current Registered Agent

OWENS, PATRICIA J
2308 S.W. 57TH AVE.
HOLLYWOOD FL 33023

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	OWENS, PATRICIA J	12 NAME	
STREET ADDRESS	2308 S.W. 57TH AVE.	13 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33023	14 CITY-ST-ZIP	
TITLE	ST	21 TITLE	☐ Change ☐ Addition
NAME	OWENS, DWAYNE	22 NAME	
STREET ADDRESS	18320 S.W. 52ND CT.	23 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33331	24 CITY-ST-ZIP	
TITLE	VP	31 TITLE	☐ Change ☐ Addition
NAME	HERRON DONNIE	32 NAME	
STREET ADDRESS	14TH JUDICIAL CIRCLE,% RT. 2 BOX 675	33 STREET ADDRESS	
CITY-ST-ZIP	NAUVOO AL 35578	34 CITY-ST-ZIP	
TITLE	VP	41 TITLE	☐ Change ☐ Addition
NAME	GADZAK JOHN JR.	42 NAME	
STREET ADDRESS	2204 MADISON ST.	43 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33023	44 CITY-ST-ZIP	
TITLE	VP	51 TITLE	☐ Change ☐ Addition
NAME	LANZALOTTO, FRANK	52 NAME	
STREET ADDRESS	5761 SW 40TH COURT	53 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33023	54 CITY-ST-ZIP	
TITLE	VP	61 TITLE	☐ Change ☐ Addition
NAME	DAVIS HAROLD	62 NAME	
STREET ADDRESS	6233 SW 19TH STREET	63 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL 33023	64 CITY-ST-ZIP	

CR2E034 (3/95)

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. 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: Dwayne S. Owens DWAYNE S. OWENS 6/14/95 305-982-2095
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000000 CP