

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Landra B. Norton  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P94000021523 (3)**

1. Corporation Name

**A & W ROOFING AND INSPECTION, INC.**

55 MAY - 1 JUN 1995

SECRET  
TALLAHASSEE, FLORIDA

Principal Place of Business

**2950 NORTHWEST 8 STREET  
FORT LAUDERDALE FL 33311**

Mailing Address

**2950 NORTHWEST 8 STREET  
FORT LAUDERDALE FL 33311**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**03/21/1994**

3a. Date of Last Report

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

**65-0476173**

Applied For

Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

City & State

23

City & State

28

6. Election Campaign Financing  
Trust Fund Contributions

☐

**\$5.00 May Be  
Added to Fees**

Zip

24

Country

25

Zip

29

Country

30

6. This corporation has liability for intangible tax under § 199.005,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LAW FIRM OF LAWRENCE J. SPIEGEL CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134**

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

A public officer or director of a corporation or partnership, or a registered agent, who signs this statement is liable for the accuracy of the information provided.

A public officer or director of a corporation or partnership, or a registered agent, who signs this statement is liable for the accuracy of the information provided.

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                                 |
|----------------|---------------------------------|
| TITLE          | <b>P</b>                        |
| NAME           | <b>WASHINGTON, SHAWN D</b>      |
| STREET ADDRESS | <b>2950 NORTHWEST 8 STREET</b>  |
| CITY, ST, ZIP  | <b>FORT LAUDERDALE FL 33311</b> |
| 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  |                                 |
| TITLE          |                                 |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY, ST, ZIP  |                                 |

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME            |                                                                   |
| 3. STREET ADDRESS  |                                                                   |
| 4. CITY, ST, ZIP   |                                                                   |
| 5. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME            |                                                                   |
| 7. STREET ADDRESS  |                                                                   |
| 8. CITY, ST, ZIP   |                                                                   |
| 9. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME           |                                                                   |
| 11. STREET ADDRESS |                                                                   |
| 12. CITY, ST, ZIP  |                                                                   |
| 13. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. NAME           |                                                                   |
| 15. STREET ADDRESS |                                                                   |
| 16. CITY, ST, ZIP  |                                                                   |
| 17. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 18. NAME           |                                                                   |
| 19. STREET ADDRESS |                                                                   |
| 20. 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 190.02(3)(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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Shawn Washington*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Shawn Washington*

*4/28/95*  
Date

*563-2277*  
Telephone Number