FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

FILED
Jun 05 1996 8:00 am
Secretary of State

DOCUMENT # P94000060283 (6)

1. Corporation Name

INDEPENDENT ROOF TESTING OF SOUTH FLORIDA, INC.

Principal Place of Business

~~4711 NE 17TH AVE~~
~~POMPANO BEACH FL~~

Mailing Address

~~4711 NE 17TH AVE~~
~~POMPANO BEACH FL~~

2. Principal Place of Business	2a. Mailing Address
21 3944 N.E. 5 AVENUE	26 3944 N.E. 5 AVENUE
Suite, Apt #, etc. 22	Suite, Apt #, etc. 27
City & State 23 OAKLAND PARK, FLORIDA	City & State 28 OAKLAND PARK, FLORIDA
Zip 24 33334 Country 25	Zip 29 33334 Country 30

3. Date Incorporated or Qualified: 08/16/1994

3a. Date of Last Report: 04/25/1995

4. FEI Number: 65-0511105 ☐ 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

RICH, DAVID L
513 N STATE ROAD 7
MARGATE FL 33063

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 ______

12. OFFICERS AND DIRECTORS

TITLE	~~DPS~~	☐ DELETE
NAME	PERRY, ANTHONY	
STREET ADDRESS	425 PINE LAWN DR	
CITY-ST-ZIP	BULOXI MS 39531	
TITLE	~~DVT~~	☒ DELETE
NAME	~~MCGANN, AJSHA~~	
STREET ADDRESS	~~101 E MCNAB RD #226~~	
CITY-ST-ZIP	~~POMPANO BEACH FL 33060~~	
TITLE	~~T~~	☐ DELETE
NAME	AVEN, DONNA K	
STREET ADDRESS	6188-A PINE TREE LN.	
CITY-ST-ZIP	TAMARAC FL	
TITLE	P	☐ DELETE
NAME	TEDDER, BOBBY W JR.	
STREET ADDRESS	101 E. MENAB RD. #226	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	~~S~~	☐ DELETE
NAME	TOMASSI, LINDA A	
STREET ADDRESS	4711 N.E. 17TH AVE.	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	NO TITLE	☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	SECRETARY + TREASURER	☒ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	NO TITLE	☒ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	VICE PRESIDENT	☐ Change ☒ Addition
6.2 NAME	ANTHONY TOMASSI	
6.3 STREET ADDRESS	4711 N.E. 17 AVENUE	
6.4 CITY-ST-ZIP	POMPANO BEACH, FLORIDA 33064	

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: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/29/96 Date

954/630-0201 Daytime Phone #

CR2E034 (12/95)