FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
FILED

95 APR 25 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/16/1994
3a. Date of Last Report:

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

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS	1.1 TITLE	☐ Change ☐ Addition
NAME	PERRY, ANTHONY	1.2 NAME	800002361508--3
STREET ADDRESS	425 PINE LAWN DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	BILOXI MS 39531	1.4 CITY-ST-ZIP	
TITLE	DVT	2.1 TITLE	☐ Change ☐ Addition
NAME	MCCANN, AJSHA	2.2 NAME	
STREET ADDRESS	101 E MCNAB RD #226	2.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33060	2.4 CITY-ST-ZIP	
TITLE	TREAS.	3.1 TITLE	☐ Change ☐ Addition
NAME	DONNA K. AVEN	3.2 NAME	
STREET ADDRESS	6138-A PINE TREE LN.	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC, FL 33319	3.4 CITY-ST-ZIP	
TITLE	PRES	4.1 TITLE	☐ Change ☐ Addition
NAME	BOBBY W. TEDDER JR.	4.2 NAME	
STREET ADDRESS	101 E. MCNAB RD. #226	4.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH, FL 33060	4.4 CITY-ST-ZIP	
TITLE	SEC'Y.	5.1 TITLE	☐ Change ☐ Addition
NAME	LINDA A. TOMASSI	5.2 NAME	
STREET ADDRESS	4711 NE 17 AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH, FL 33064	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: _____ Bobby W. Tedder Jr. 4/19/95 305-781-9458
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

8108145 CP