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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 10:12

DOCUMENT # V05105 (4)

1. Corporation Name

ALL ATLAS ROOFING OF SOUTH FLORIDA, INC.

Principal Place of Business	Mailing Address
2113 LINCOLN STREET HOLLYWOOD FL 33020	2113 LINCOLN STREET HOLLYWOOD FL 33020

DO NOT WRITE IN THIS SPACE.

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

3. Date Incorporated or Qualified: 01/09/1992
3a. Date of Last Report: 02/15/1994
4. FEI Number: 65-0302487 ☐ 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

KUCHLER, MICHAEL T
2113 LINCOLN STREET
HOLLYWOOD FL 33020

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	1.1 TITLE	☐ Change ☐ Addition
NAME	KUCHLER, MICHAEL	1.2 NAME	
STREET ADDRESS	~~2255 NE 173RD STREET~~	1.3 STREET ADDRESS	5430 NW 66
CITY-ST-ZIP	~~NO MIAMI BCH FL~~	1.4 CITY-ST-ZIP	Coral Springs, FL
TITLE	SD	2.1 TITLE	☐ Change ☐ Addition
NAME	KUCHLER, NICOLE	2.2 NAME	
STREET ADDRESS	~~2255 NE 173RD STREET~~	2.3 STREET ADDRESS	5430 NW 66
CITY-ST-ZIP	~~NO MIAMI BCH FL~~	2.4 CITY-ST-ZIP	Coral Springs FL
TITLE	VP	3.1 TITLE	8711 SW 46 Ave ☐ Change ☐ Addition
NAME	EVANS, RICHARD	3.2 NAME	Hollywood FL 33023
STREET ADDRESS	~~2255 NE 173 STREET~~	3.3 STREET ADDRESS	
CITY-ST-ZIP	~~N. MIAMI FL~~	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	☐ Change ☐ Addition
NAME	EVAND, MICHAEL	4.2 NAME	4510 SW 31 Dr
STREET ADDRESS	~~2255 NE 173RD STREET~~	4.3 STREET ADDRESS	Hollywood FL 33023
CITY-ST-ZIP	~~N. MIAMI BEACH FL~~	4.4 CITY-ST-ZIP	
TITLE	VP	5.1 TITLE	VP ☐ Change ☐ Addition
NAME	~~HOWARD, WILLIAM~~ Gary Colon	5.2 NAME	Gary Colon
STREET ADDRESS	~~200 SW 70 ST~~ 2410 Arcadia Dr.	5.3 STREET ADDRESS	2410 Arcadia Dr
CITY-ST-ZIP	~~PEMBROKE PINES FL~~ Miramar, FL 33023	5.4 CITY-ST-ZIP	Miramar, FL 33023
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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0001488 CP