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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P93000038818 (9) DOCUMENT #
1. Corporation Name

A & W ROLLER, INC.

TAMPA FL 33613

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Principal Place of Business Mailing Address 162 E DOUGLAS RD. 162 E DOUGLAS RD OLDSMAR FL 34677 U OLDSMAR FL 34677 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/24/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-3185817 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Added to Fees Trust Fund Contribution Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible X Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 SHORT, PAUL R 7522 NORTH 40TH STRET Street Address (P.O. Box Number is Not Acceptable) 82 **TAMPA FL 33604** 83 84 City Zio 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 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE WHITMAN, CAROL L NAME 1.2 NAME 4120 JOY DRIVE 1.3 STREET ADDRESS STREET ADDRESS LAND O'LAKES FL 34639 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 2.1 TITLE NAME WHITMAN, JEANETTE L 2.2 NAME **811 EVENINGSIDE COURT** STREET ADDRESS 2.3 STREET ADDRESS

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3.4. CITY-ST-ZIP

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4. 2 NAME

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6.1 TITLE 6.2 NAME

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CITY - ST - 7/P 14. I hereby certify that the information supplied with this filing 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: Comette 1) hitman Transite Whitman 4/7/98

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Change

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Apr 15 1998 8:00am

Secretary of State