## FILE NOW: FILING FEE AFTER MAY 1 18 \$550.00

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

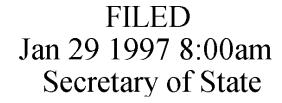
DOCUMENT # P96000033486 (7)

MR. ROOTER OF CHARLOTTE COUNTY, INC.

Principal		

Mailing Address

STOCK CODMOCA DDIVE





PUNTA GORDA	FL 33983	PUNTA GORDA FL 3398						
					3. Date Incorporated or Qualified 04/15/1996	3a. Date of	Last Report	
2. Principal P	2. Principal Place of Business 2a. Maiting Address			4. FEI Number	00	Applied For		
Sulto Apt # etc		26			65-06682	<i>,</i>	Not Applicable	
Suite, Apt. #, etc.		27 Suite, Apt. #, etc.	<del>-</del> ¬ `		5. Certificate of Status Desired		1.75 Additional Fee Required	
City & State			City & State		6. Election Campaign Financing		5.00 May Be	
23		28			Trust Fund Contribution Added to Fees			
Zip	Country	Zφ	Country		8. This corporation has liability for intangible tax under s. 199.032,			
24	25	29	30	Florida Statutes Yes No				
	9, Name and Address of Curr	ent Registered Agent	81	Liblama	10. Name and Address of New Reg	istered Agen	<u></u>	
	IA, GERARD		61	Name				
	35 FORMOSA DRIVE TA GORDA FL 33983		82	Street Add	ress (P.O. Box Number is Not Acceptabl	e)		
7011	ITA GONDA I E 55565		83					
				<b></b>				
			84	City		FL 85	Zip Code	
office or r	to the provisions of Sections 607.0 registered agent, or both, in the Sta im familiar with, and accept the ob-	ate of Florida. Such change wa	as authorized b	v the corpora	poration submits this statement for the pu ation's board of directors. I hereby accep	orpose of char I the appointm	ging its registered ent as registered	
SIGNATURE								
12.	Signature, typed or ported name of registered OFFICERS #	AND DIRECTORS	NO E Registered Ag	col signature requ	ued when reinstating)  ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIR	ECTORS IN 12	
TITLE	PTD	DELETE	1.1 1916				hange Addition	
NAME	TOBIA, GERARD		1,2 NAME					
STREET ADDRESS	27065 FORMOSA DRIVE		1,3 STREE	ADDRESS				
CITY-ST-ZIP	PUNTA GORDA FL 33983		1.4 CITY+5	ST-ZIP		,_ <u></u>		
TITLE	VPD	. DELFIC	2.1 TITLE			□ c	hange 🔲 Addition 🕻	
NAME	FOWLIE, DANIEL 346 JAPURA STREET		2.2 NAME					
STREET ADDRESS	PUNTA GORDA FL 33983			ADDRESS				
CITY-ST-ZIP TITLE	FORTA GONDA EL 30800	DELETE	2 4 CHTY- 3.1 THTLE	S1 - ZIP			hange Addition	
NAME		DECENE	3.2 NAME			L	nange realition	
STREET ADDRESS :			3.3 STREET	T ADDHESS				
CITY-ST-ZIP			3.4. CHY-					
TITLE		DELETE	4.1 TITLE	·		□ C	hange Add tion	
NAME			4 2 NAME					
STREET ADDRESS			4.3 STREE	1 ADDRESS				
CITY-ST-ZIP			4.4 CiTY - 5	ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE	\ \			hange L Addition	
NAME			5.2 NAME					
STREET ADDRESS				I ADDRESS				
CITY-ST-ZIP		DELETE	5.4 CITY - 5	ST-ZIP			hange Addition	
TITLE	¥.	☐ brrit	6 1 111LF			L_1 (	hange L Addition	
NAME CYPERY ADDOLESS	i .		62 NAME	L AGDOLOG				
STREET ADDRESS				I ADDRESS	-	-		
14. I do heret	by certify that the information supp	lied with this filing does not au	6.4 CITY - Statistics for the exe		d in Section 119.07(3)(	further certi	fy that the	

information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have a no officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter appears in Block 12 or Block 13 if changed, or on an attachment with an address

Statutes; and that my name

9416255573