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CORPORATION



FLORIDA DEPARTMENT OF STATE

## Jan 15 1998 8:00am Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P96000033486 (7) MR. ROOTER OF CHARLOTTE COUNTY, INC. Principal Place of Business Mailing Address 27065 FORMOSA DRIVE 27065 FORMOSA DRIVE PUNTA GORDA FL 33983 PUNTA GORDA FL 33983 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 04/15/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 65-0668285 Not Applicable 21 Suite, Apt. #, etc. Suite, Ant. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 30 ☐ Yes □ Ño 25 29 24 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 TOBIA, GERARD 27065 FORMOSA DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) **PUNTA GORDA FL 33983** 83 84 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TITLE ☐ Change ☐ Addition TITLE PTD TOBIA, GERARD 1,2 NAME NAME 27065 FORMOSA DRIVE STREET ADDRESS 1.3 STREET ADDRESS PUNTA GORDA FL 33983 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE ☐ Change ☐ Addition VPD TITLE 2.1 TITLE FOWLIE, DANIEL NAME 2.2 NAME STREET ADDRESS 346 JAPURA STREET 2.3 STREET ADDRESS PUNTA GORDA FL 33983 CITY-ST-ZIP 2. 4 CITY - ST - ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change ☐ Addition 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZIP DELETE 5.1 TITLE Change Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change \_\_ Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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:

**FILED** 

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