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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000101983 (0)

ROE FINANCIAL CORPORATION

Principal Place of Business

Mailing Address

FILED

Jan 15 1998 8:00am

Secretary of State

304 W WHEELER 304 W WHEELER SEFFNER FL 33584 SEFFNER FL 33584 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 01/01/1997 Principal Place of Business 2a. Mailing Address Applied For 115 MANGARET 21 59-3424385 MARGARET Not Applicable Suite, Apt. #, etc. uite, Apt. #, etc. \$8.75 Additional SUITE 5. Certificate of Status Desired SUME 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be BRANDON 23 28 FLORIDA \Box Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible 3351/ ک ن 25 US 29 Personal Property Tax due June 30. ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name ROE, LINDA R R. KOE 304 W WHEELER Street Address (P.O. Box Number is Not Acceptable) 501TED SEFFNER FL 33584 MARGARET 83 City Zip Code 3357 (RANDON 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 v 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE ☐ DELETE 1.1 TITLE DIRECTON/PRESIDENT NAME ROE, LINDA R 1.2 NAME LINDA R, ROE 304 W WHEELER STREET ADDRESS 1.3 STREET ADDRESS 115 MANLANET STREET SUITE D SEFFNER FL 33584 CITY-ST-ZIP 1.4 CITY-ST-ZIP BRANDON TITLE DELETE 2.1 TITLE ☐ Change Addition NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST-ZIP DELETE TITLE 3.1 TITLE ☐ Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE TITLE 4.1 TITLE Addition Change 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE DELETE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change ☐ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

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 of the receiver or bustee 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 attrachment with an address.

SIGNATURE:

BENURED PENUIRED

1-6-98

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