

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 113537 (5)

1. Corporation Name

WM. G. ROE & COMPANY

Principal Place of Business

WM G ROE  
500 AVE R. SW: BOX 900  
WINTER HAVEN FL 33880-3871

Mailing Address

WM G ROE  
500 AVE R. SW: BOX 900  
WINTER HAVEN FL 33880-3871



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
03/07/1927

3a. Date of Last Report  
05/01/1995

4. FEI Number

59-0426483

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

10. Name and Address of New Registered Agent

ROE, WILLARD E  
OLD NINE FOOT ROAD  
WINTER HAVEN FL 33880

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-statuting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME ROE, WILLARD E  
STREET ADDRESS OLD NINE FOOT ROAD  
CITY-ST-ZIP WINTER HAVEN FL

1.1 TITLE ☐ Change ☐ Addition

TITLE VDS ☐ DELETE

NAME ROE, WILLIAM GEE, II  
STREET ADDRESS OLD NINE FT ROAD  
CITY-ST-ZIP WINTER HAVEN FL

2.1 TITLE ☐ Change ☐ Addition

TITLE VDS ☐ DELETE

NAME BURKE, MARTHA ROE  
STREET ADDRESS OLD NINE FT ROAD  
CITY-ST-ZIP WINTER HAVEN FL

3.1 TITLE ☐ Change ☐ Addition

TITLE VTD ☐ DELETE

NAME ROE, QUENTIN J  
STREET ADDRESS 450 SR 540  
CITY-ST-ZIP WINTER HAVEN FL

4.1 TITLE ☐ Change ☐ Addition

TITLE VD ☐ DELETE

NAME BURKE, JOSEPH M.  
STREET ADDRESS OLD 9 FOOT RD.  
CITY-ST-ZIP WINTER HAVEN FL

5.1 TITLE ☐ Change ☐ Addition

TITLE VTD ☐ DELETE

NAME ROE, MORGAN H.  
STREET ADDRESS 2331 HELENA RD, SE  
CITY-ST-ZIP WINTER HAVEN FL

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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)(k), 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

Vice Pres  
MORGAN H. ROE

5/10/96

(941)  
294-3577

CR2E034 (12/95)