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

PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE Sandra B. Morlham Secretary of State

1. Corporation	1996 JMENT # 11353 on Name G. ROE & COMPANY		OF CORPORATIONS		IARI BIRII DIRII DIRIX O	i Bill Bishir Biblir reni
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				
B 5322215				3. Date Incorporated or Qualified 03/07/1927	3a. Date of Las 05/01/1	
z, Pancipai P 1	Place of Business	2a. Mailing Address	741	4. FEI Number		Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		59-0426483		Not Applicable
2		27		5. Certificate of Status Desired		75 Additional be Required
City & Stat	le	City & State	· · · · · · · · · · · · · · · · · · ·	6. Election Campaign Financing		.00 May Be
Zip	Country	28		Trust Fund Contribution	□ Ad	ded to Fees
i] 2.p	25	Zip 29	Country	8. This corporation has liability for it	ntangible tax under	
4	9. Name and Address of Curr	rent Registered Agent	30	Florida Statutes Yes 10. Name and Address of New R		
1 Pursuant	to the provisions of Sections 607.050	02 and 607 1509 Elevide OLL	B4 City		FL 85	Zip Code
or register familiar wi	red agent, or both, in the State of Flo th, and accept the obligations of, Sec	orida. Such change was authoriz orida 607.0505, Florida Statutes	tes, the above-named corpored by the corporation's boast.	oration submits this statement for the purp ard of directors. I hereby accept the appo	pose of changing it sintment as register	s registered offic ed agent. I am
or register familiar wi					pose of changing it Antment as register	s registered offic ed agent. I am
GNATURE .	Signature, typed or printed name of registered age OFFICERS AI		tes, the above-named corporated by the corporation's bosts. Soft: Registered Agent signature requirements. 13.	red whon reinslating)	DATE	
IGNATURE .	Signature, typod or protod nanie of registered age OFFICERS AI	ent and title if applicable (NC	OTE: Registered Agent's gnature requir		DATE	ORS IN 12
EIGNATURE . 2. ITLE AME	Signature, typod or pretod name of registered age OFFICERS AI PD ROE, WILLARD E	enland the happheaple (KC ND DIRECTORS	OTE: Registered Agent's greature requir	red whon reinslating)	DATE CERS AND DIRECT	ORS IN 12
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EGNATURE. 2. TLE AME TREET ADDRESS TY-ST-ZIP	Signature, typod or pretod name of registered age OFFICERS AI PD ROE, WILLARD E	ent and the Papplication RC ND DIRECTORS	TE: Registered Agent's gnature reques 13. 1.1 Title 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	red whon reinslating)	DATE CERS AND DIRECT	ORS IN 12
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SIGNATURE A) D TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR HI ROE 5/10/96