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Apr 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 800
WINTER HAVEN FL 33880-3871

Mailing Address

WM G ROE
500 AVE R. SW: BOX 800
WINTER HAVEN FL 33880-3871

3. Date Incorporated or Qualified

03/07/1927

3a. Date of Last Report

05/14/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ROE, WILLARD E	
STREET ADDRESS	OLD NINE FOOT ROAD	
CITY - ST - ZIP	WINTER HAVEN FL	
TITLE	VDS	<input type="checkbox"/> DELETE
NAME	ROE, WILLIAM GEE, II	
STREET ADDRESS	OLD NINE FT ROAD	
CITY - ST - ZIP	WINTER HAVEN FL	
TITLE	VDS	<input type="checkbox"/> DELETE
NAME	BURKE, MARTHA ROE	
STREET ADDRESS	OLD NINE FT ROAD	
CITY - ST - ZIP	WINTER HAVEN FL	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	ROE, QUENTIN J	
STREET ADDRESS	450 SR 540	
CITY - ST - ZIP	WINTER HAVEN FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BURKE, JOSEPH M.	
STREET ADDRESS	OLD 9 FOOT RD.	
CITY - ST - ZIP	WINTER HAVEN FL	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	ROE, MORGAN H.	
STREET ADDRESS	2331 HELENA RD, SE	
CITY - ST - ZIP	WINTER HAVEN FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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, as applicable, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MORGAN H. ROE

4/21/97

(941) 294-3577

CR2E034 (9/96)