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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

198601 **DOCUMENT #**

(7)

ROLAND CONSTRUCTION, INC.

Principal Place of Business Mailing Address						* (2010) 11310 12101 12112 21111 4210 116) 215(1 215(1 215(1 215)) 215(1 125)			
133 LAKE JU P. O. BOX 20 LAKE PLACID	026	133 LAKE JUNE RD. N. P. O. BOX 2026 LAKE PLACID FL 33852							
LANC PENOID	7 °C 33032	CARE PLAGE TE 88032	E PLACED FE 33002		3. Date Incorporated or Qualified 12/03/1965	ncorporated or Qualified 3a. Date of Last Report 03/27/1995			
2. Principal Pla	ace of Business	2a. Mairing Address							Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8.75 Additional			
22		27]				Fee Required			
City & State		Orty & State	**** }			6. Election Campaign Financing Trust Fund Contribution			
Zφ	Country	Ζp				8. This corporation has liability for intangible tax under s 199.032,			
24					Florida Statutes Yes No				
	9. Name and Address of Curre	nt Registered Agent		221		10. Name and Address of New R	egistered #	gent	
TADI FA			81	Name					
	i,roland (E June RD #100			82	Street Addr	ess (P.O. Box Number is Not Acceptat	ile)		
lake Pl	LACID FL 33852			83					
			ŀ	84	City			85 Z	p Code
				<u> </u>			FL		
11. Pursuant t or register familiar wit	to the provisions of Sections 607.050 ed agent, or both, in the State of Flor th, and accept the obligations of, Sec	iz and 607.1508, Florida Statute rida. Such change was authoriza tion 607.0505, Florida Statutes	es, the abo ed by the c	orpo	amed corpor oration's boar	ation submits this statement for the pured of directors. Thereby accept the app	pose or cna pintment as	nging its registered	registered office d agent. I am
SIGNATURE .	nakon nome de karre en								
12.	Signature, typical or printed name of requisional age: OFFICERS, AN	ND DIRECTORS	IF Registered	Agent	i signalure require	d when rainstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND	DIRECTO	ORS IN 12
TITLE	PD	DELETE	1. 1 7	ıllE] Change	
NAME	TOBLER, ROLAND		1.2 NA	AME	ļ				
STREET ADDRESS	133 LAKE JUNE RD NW			1.3 STREET ADDRESS					
CITY-ST-ZIP	LAKE PLACID FL		1401	IY-S	r - ZIP				
TITLE	S	☐ DELETE	2 1 T	RLE) Change	Addition
NAME	TOBLER, BUNAM		22 N/	4ME					
STREET ADDRESS	133 LAKE JUNE RD NW				ADDRESS				,
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TITLE		DECEME	3 17				L	Change	Addition
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NAME			4.2 N				_		
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NAME		-	5 2 N	AME					
STREET ADDRESS			6351	IREET	ADDRESS				

6.4 CITY - ST - 7 P

SIGNATURE:

14. Ido 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 trusted employwered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changes or on an attachment with an address.

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