FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

May 02 1997 8:00am

Sandra B. Mortham

Secretary of State

Secretary of State 1997 DIVISION OF CORPORATIONS DOCUMENT # 313001 (0)ROESCH HOUSE MOVERS, INC. Principal Place of Business Mailing Address 13650 66 ST. N. 13650 86 ST. N. LARGO FL 33771-4906 LARGO FL 33771 3. Date Incorporated or Qualified 3a. Date of Last Report 01/23/1967 12/23/1996 2, Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 59-1159726 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing **\$5.00** May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Żip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 Yes No 25 29 30 Florida Statutes 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name ROESCH, MARK 11321 CHURCHILL TRAIL Street Address (P.O. Box Number is Not Acceptable) 82 SEMINOLE FL 34641 83 84 City 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) 13. DELETE Change Addition TITLE 1.1 TITLE ROESCH, MARK NAME 1.2 NAME 11321 CHURCHILL TRAIL STREET ADDRESS 1.3 STHEET ADDRESS **SEMINOLE FL 34641** CITY-ST-ZIP 1.4 City - ST - ZiP Change DELETE Addition TITLE 2.1 1/TLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST- ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 City-St-ZiP TITLE □ DELETE 51 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 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 if changed, or on an attachment with an address Mark Reply 4-24-91 H OUTMARK