SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 30 AM 9:54

DOCUMENT # **332573** **(5)**

1. Corporation Name
J. H. ROTH, INC.

Principal Place of Business	Mailing Address
112 SETTLERS ROW NORTH P O BOX 1818 PONTE VEDRA BCH. FL 32004	112 SETTLERS ROW NORTH P O BOX 1818 PONTE VEDRA BCH. FL 32004

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/16/1968
3a. Date of Last Report: 03/17/1994
4. FEI Number: 59-1214885 — 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

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

ROTH, JOSEPH
112 SETTLERS ROW NORTH
P O BOX 1818
PONTE VEDRA BCH. FL 32004

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 ________ DATE ________

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	ROTH,JOSEPH
STREET ADDRESS	112 SETTLERS ROW NORTH
CITY-ST-ZIP	PONTE VEDRA BEACH FL
TITLE	D
NAME	ROTH, JOSEPH, JR.
STREET ADDRESS	86181 OLD HIGHWAY
CITY-ST-ZIP	ISLANDMORADA FL
TITLE	D
NAME	ROTH,EDNA
STREET ADDRESS	112 SETTLERS ROW NORTH
CITY-ST-ZIP	PONTE VEDRA BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 — (blank; each entry with ☐ Change ☐ Addition)

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(1)(a), 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: Joseph H. Roth — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 6-27-95 (Date) — 904-285-6457 (Daytime Phone #)

CR2E034 (3/95)

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