

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 MAR 28 PM 2:02

DOCUMENT # **429662** (0)

1. Corporation Name  
**ROMAC ENTERPRISES, INC.**

Principal Place of Business Mailing Address  
**2200 N. TROPICAL TRAIL** **2200 N. TROPICAL TRAIL**  
**MERRITT ISLAND FL 32953** **MERRITT ISLAND FL 32953**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		07/03/1973	06/07/1994
22		27		4. FEI Number	Applied For
State, Apt. #, etc.		State, Apt. #, etc.		59-1543747	Not Applicable
23		28		5. Certificate of Status Desired	\$6.75 Additional Fee Required
City & State		City & State		<input type="checkbox"/>	
24		29		6. Election Campaign Financing	\$5.00 May Be Added to Fees
Zip		Zip		Trust Fund Contribution	<input type="checkbox"/>
Country		Country		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LAY, ROY 2200 N. TROPICAL TRAIL MERRITT ISLAND FL 32953				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 \_\_\_\_\_  
(Signature typed or printed name of registered agent and date of appointment) (Printable Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAY, ROY	1.2 NAME	
STREET ADDRESS	2200 N. TROPICAL TRAIL	1.3 STREET ADDRESS	
CITY, ST, ZIP	MERRITT ISLAND FL	1.4 CITY, ST, ZIP	
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAY, BETTY	2.2 NAME	S/T LAY, RALPH G.
STREET ADDRESS	2200 N. TROPICAL TRAIL	2.3 STREET ADDRESS	2200 N. TROPICAL TRAIL
CITY, ST, ZIP	MERRITT ISLAND FL	2.4 CITY, ST, ZIP	MERRITT ISLAND, FL 32952
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	V/P LAY, RONALD
STREET ADDRESS		3.3 STREET ADDRESS	2200 N. TROPICAL TRAIL
CITY, ST, ZIP		3.4 CITY, ST, ZIP	MERRITT ISLAND, FL 32952
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

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(6)(b), Florida Statutes. I further certify that the information indicated on this 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 checked, or on an attachment with an address.

SIGNATURE: *Roy Lay* **ROY LAY** *Pres.* **3/23/95**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR