FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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 APR 14 PM 8:06

DOCUMENT # **492201** **(9)**

1. Corporation Name
ROY, INC.

Principal Place of Business	Mailing Address
1000 W. LEELAND HEIGHTS BLVD. P. O. BOX 1104 LEHIGH ACRES FL 33970-1104 US	1000 W. LEELAND HEIGHTS BLVD. P. O. BOX 1104 LEHIGH ACRES FL 33970-1104 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **11/24/1975**
3a. Date of Last Report: **04/13/1994**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)

2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: **59-1632831** ☐ 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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BATEMAN, J. R.
1506 CANAL ST.
LEHIGH ACRES FL

10. Name and Address of New Registered Agent

81 Name: Bateman, June
82 Street Address (P.O. Box Number is Not Acceptable): 1506 Canal Street
83
84 City: Lehigh Acres **FL** 85 Zip Code: 33936

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 June Bateman President 4-10-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	BATEMAN, J. ROY	12 NAME	BATEMAN, JUNE	
STREET ADDRESS	1506 CANAL ST.	13 STREET ADDRESS	1506 CAnal Street	
CITY-ST-ZIP	LEHIGH ACRES FL	14 CITY-ST-ZIP	Lehigh Acres, Florida 33936	
TITLE	VST	21 TITLE	VST	☒ Change ☐ Addition
NAME	BATEMAN, JUNE	22 NAME	BATEMAN, J. ROY	
STREET ADDRESS	1506 CANAL ST.	23 STREET ADDRESS	1506 Canal Street	
CITY-ST-ZIP	LEHIGH ACRES FL	24 CITY-ST-ZIP	Lehigh Acres, Florida 33936	
TITLE	D	31 TITLE	D	☒ Change ☐ Addition
NAME	BATEMAN, JUNE	32 NAME	BATEMAN, J. ROY	
STREET ADDRESS	1506 CANAL ST.	33 STREET ADDRESS	1506 Canal Street	
CITY-ST-ZIP	LEHIGH ACRES FL	34 CITY-ST-ZIP	Lehigh Acres, Florida 33936	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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(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.

SIGNATURE: June Bateman June Bateman 4-1-95 813-369-2107
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

00338077 CP