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

PROFIT **CORPORATION** ANNUAL REPORT 1998 DOCUMENT # 1. Corporation Name 523817 ROH CONSTRUCTION REPAIR, INC. Principal Place of Business

CITY-ST-ZIP

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(5)

FILED Apr 15 1998 8:00am Secretary of State

Mailing Address 531 VIRGINIA DRIVE 531 VIRGINIA DRIVE ORLANDO FL 32903 ORLANDO FL 32803 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/14/1977 2, Principal Place of Business 2a. Mailing Address Applied For 21 26 59-1713390 Not Applicable Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Ζφ Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Yes 25 29 30 24 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HOUSTON, FREDDY H 531 VIRGINIA DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDO, FL 83 32803 Zip Code 84 City 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 little if applicable (NOTE: Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition Change TITLE 1.1 TITLE HOUSTON, FREDDY H NAME 1.2 NAME 531 VIRGINIA DRIVE STREET ADDRESS 1.3 STREET ADDRESS ORLANDO, FL 00000 CITY - ST - ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition HEAD, DENNIS NAME 2.2 NAME 531 VIRGINIA DRIVE 2.3 STREET ADDRESS STREET ADDRESS ORLANDO, FL 00000 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-S1-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 51 TITLE NAME 5 2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change ☐ Addition 61 TITLE TITLE 6.2 NAME NAME STREET ADDRESS **6.3 STREET ADDRESS**

6.4 City - ST- ZIP 14. Thereby certify that the information supplied with this filling 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:

**True Add **Y ** Add ** Add **Y ** Add ** Add **Y ** Add **

CR2E034 (10/97