Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90157 047 ***300.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 523817

1. Corporation Name

ROH CONSTRUCTION REPAIR. INC.

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Principal Place of Business Mailing Address					4 102(24 M1(6 1)000 (1)0) (0.0) (10 1 10 10 10 10 10 10 10 10 10 10 10 10		
531 VIRGINIA DRIVE 531 VIRGINIA DRIVE							
ORLANDO FL 32803 ORLANDO FL 32803					DO NOT WRITE IN THE	COACE	
					DO NOT WRITE IN THIS 3. Date incorporated or Qualifed	SPACE	
					01/14/1977		
2. Principal Place of Business 2a, Mailing Address					4, FEI Number	<u></u>	oplied For
	2a, Mailing Address			59-1713390		ot Applicable	
21	4 _1_	Suite, Apt. #, etc.			33-17 13330		Additional
Suite, Apt.	#, etc.				5. Certifcate of Status Desired	+	equired_
22 Chr. 8 Stat		City & State	City & State		6. Election Campaign Financing		May Be
City & State	e	⊢ '	¬ ´		Trust Fund Contribution		to Fees
23 Zip.	Country		Country	·	This corporation owes the current year tr		
Zip	25		30		Personal Property Tax.	Yes	□No
24	9. Name and Address of Current		, , , , , , , , , , , , , , , , , , ,		10. Name and Address of New Registered	Agent	
	5. Italia dia Addicas di Canton	. rtogioto-roa / tgo.i.t	81	Name			
HOUSTON, FREDDY H			L			-	
531 VIRGINIA DRIVE			82	Street Add	dress (P.O. Box Number is Not Acceptable)		Ĭ
ORLANDO, FL			83	ļ			_
3280	-		**				
5255			84	City	F	85 Zip	Code
		2 COZ 4EOD Fladde Ctentres	the obes	nomed cor	poration submits this statement for the purpose of		registered
office or r agent. I a	egistered agent, or both, in the State of m familiar with, and accept the obligation	of Florida. Such change was aut	thorized by	the corporat	tion's board of directors. I hereby accept the appo	intment as re	egistered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	Registered Ager	nt signature requir	red when reinstating) DATE		
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	DRS IN 12
TITLE	STD	☐ DELETE	1,1 TITLE			☐ Change	☐ Addition
NAME	HOUSTON, FREDDY H		1,2 NAME				- (
STREET ADDRESS	531 VIRGINIA DRIVE	•	1,3 STREE	TADDRESS			
CITY-ST-ZIP	ORLANDO, FL 00000		1.4 CITY-S	T-7IP			
TITLE			2.1 TITLE			☐ Change	☐ Addition
NAME			2.2 NAME	ļ			ļ
STREET ADDRESS	531 VIRGINIA DRIVE		· F	T ADDRESS			J
	ORLANDO, FL 00000		2.4 CITY-S	Ī	<u> </u>	**	Ì
CITY-ST-ZIP TITLE	Onerated, TE dodds	☐ DELETE	3.1 TITLE	31-24		☐ Change	☐ Addition
NAME	h.a.u		3.2 NAME				
			-	T ADDRESS			
STREET ADDRESS	•		3.4. CITY-S				
CITY-ST-ZIP		☐ DELETE	4.1 TITLE	51.21		☐ Change	Addition
TITLE	·	<u></u>	4.2 NAME				
NAME				TADDOCCO			
STREET ADDRESS			· ·	T ADDRESS			į
CITY-ST-ZIP		DELETE	4.4 CITY-S	T-ZIP		☐ Change	Addition
TITLE		ריז מבויכוב	5.1 TITLE 5.2 NAME				
NAME	Ì			TADODECC			
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP		C) per ete	5.4 CITY-S	1-21		Change	☐ Addition
TITLE		☐ DELETE	6.1 TITLE			TT cusuds	
NAME	i Lucione		6.2 NAME	T + DODE 00			
CTREET ANDRESS	hand a Maria		■ 6.3 STREE	TADDRESS			

CITY-ST-ZIP 14. I 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, with all other like empowered.

6.4 CITY-ST-ZIP

STREET ADDRESS

Daytime Phone #