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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 565664

(0)

DICK ROSHER, PLUMBING, INC.

| Principal Place of Business | Mailing Address | |
|--|---|--|
| 8857 SW 129 STREET MIAMI FL 33176 US | 8730 SW 114TH ST MIAMI FL 33176-4326 US | |

FILED Jan 30 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/27/1978

| 2. Principal P | lace of Business 2a. Mailing Address | | | 4. FEI Number | Applied For | | | |
|--|--|--------------------------------------|--------------|---|--|-----------------------------------|--|--|
| 21 | 26 | | | | 59-2019953 | Not Applicable | | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | | |
| City & State City & State | | | | 6. Election Campaign Financing | \$5.00 May Be | | | |
| 23 28 | | | | Trust Fund Contribution | Added to Fees | | | |
| Zip | Country | Zip Country | | | 8. This corporation owes or has paid the current year Intangible | | | |
| 24 | 25 | 29 30 | | | Personal Property Tax due June 30. Yes 🔲 No | | | |
| 9. Name and Address of Current Registered Agent | | | | | 10. Name and Address of New Registered Agent | | | |
| ROSHER, RICHARD C | | | 81 | 81 Name | | | | |
| 8730 S W 114TH STREET | | | 82 | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | |
| MIAMI FL 33176 | | " | | | | | | |
| | | 83 | 1 | | | | | |
| | - | | 84 | City | | 85 Zip Code | | |
| | | | . ** | Oity. | and the second s | | | |
| 11. Pursuant | to the provisions of Sections 607.0502 | 2 and 607 1508, Florida Statutes | the abov | e-named cor | rporation submits this statement for the purpos | e 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 age | ANOTE: | Basistand As | ont danature rocu | ulred when reinstating) DA | TF | | |
| 12. | OFFICERS AND | | 13. | ter r signatore redi | ADDITIONS/CHANGES TO OFFICERS | | | |
| TITLE | PD CONTRACTOR AND | DELETE | 1.1 TITLE | | | Change Addition | | |
| NAME | ROSHER, RICHARD C. | <u> </u> | 1.2 NAME | | | | | |
| STREET ADDRESS | 8730 S.W. 114TH STREET | | 1 | T ADDRESS | | | | |
| CITY-ST-ZIP | MIAMI FL | | 1.4 C/TY- | | | | | |
| TITLE | MIAWN I C | DELETE | 2.1 TITLE | | | Change Addition | | |
| NAME | | - | 2.2 NAME | 1 | | | | |
| STREET ADDRESS | | | 1 | T ADDRESS | | | | |
| CITY-ST-ZIP | | | 2. 4 CITY- | ı | | | | |
| TITLE | | DELETÉ | 3.1 TITLE | | | Change Addition | | |
| NAME | | | 3.2 NAME | | | | | |
| STREET ADORESS | | | 3.3 STREE | T ADDRESS | | | | |
| CITY-ST-ZIP | | | 3.4. CITY- | -ST-ZIP | | | | |
| TITLE | | DELETE | 4.1 TITLE | | | Change Addition | | |
| NAME | | | 4. 2 NAM | . | | | | |
| STREET ADDRESS | | | 4.3 STREE | T ADDRESS | | | | |
| CITY-ST-ZIP | | | 4.4 CITY- | ST-ZIP | | | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | | Change Additlor | | |
| NAME | | | 5.2 NAME | | | | | |
| STREET ADDRESS | | | 5.3 STREE | T ADDRESS | | | | |
| CITY - ST - ZIP | | | 5.4 CITY- | ST-ZIP | | | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | | Change Addition | | |
| NAME | | | 6.2 NAME | | | | | |
| STREET ADDRESS | | | 6.3 STREE | T ADDRESS | | | | |
| CITY OF THE | | | 6.4 CITY- | ST-ZIP | <u> </u> | ; _: = ·* | | |
| | certify that the information supplied w | ith this filing does not qualify for | the oues | ntion atotad i | in Section 119.07(3)(i), Florida Statutes. I furthe | er certify that the information | | |
| 14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in deciding the indicated on this annual report or supplemental annual report is true and accurate and that my supplemental annual report is true and accurate and the supplemental annual report is true and accurate and that my supplemental annual report is true and accurate and the supplemental annual report is true and accurate annual report is true annual report is tru | | | | | | | | |

In hereby certify that the information supplied with this filling does not qualify in the exemption state in decident in decident in decident in decident in decident in the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver of 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:

REQUIRED

114/98 305.25

305-253-0405