

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra H. Murphree  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

95 MAY -1 PM 2:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **631246** (6)

1. Corporation Name  
**ROANN SALES, INC.**

Principal Place of Business: **8524 S.W. 23RD PL. GAINESVILLE FL 32607 US**  
Mailing Address: **8524 SW 23RD PL. GAINESVILLE FL 32607 US**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: **07/20/1979** 3a. Date of Last Report: **06/06/1994**  
4. FEI Number: **59-1934213** Applied For:  Not Applicable:   
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing:  **\$5.00 May Be Added to Fees**  
7. This corporation has liability for franchise tax under the law of Florida Statutes:  Yes  No

2. Principal Place of Business: 2a. Mailing Address  
21. State Apt # etc.: 26. State Apt # etc.:  
22. City & State: 27. City & State:  
23. 24. 25. 29. 30.

9. Name and Address of Current Registered Agent  
**BUMGARNER, RONALD W  
8524 S.W. 23RD PL.  
GAINESVILLE FL 32607**

10. Name and Address of New Registered Agent  
81. Name:  
82. Street Address (P.O. Box Number is Not Acceptable):  
83. City:  
84. City: **FL** 85. Zip Code:

11. Pursuant to the provisions of Sections 607.0507 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, thereby accept the appointment as registered agent. I am familiar with and consent the regulations of Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>PD</b>	<b>BUMGARNER, RONALD W 8524 S.W. 23RD PL. GAINESVILLE FL</b>	1. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <b>STD</b>	<b>BUMGARNER, ANNE G 8524 S.W. 23RD PL. GAINESVILLE FL</b>	2. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE:		3. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE:		4. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE:		5. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE:		6. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE:		7. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE:		8. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 319.027-319.029, 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 manager 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: *[Handwritten Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **1/28/95 701/333-6560**