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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Mar 03 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

**DOCUMENT # 648273** 

(1)

| ROSS &                          | SONS, INC.  |  |                                   |                       |              |   |   |             |                            |   |
|---------------------------------|---|--|-----------------------------------|-----------------------|--------------|---|---|-------------|----------------------------|---|
| Principa' Piace                 | e of Business   | Mailing Address                                      |                                   |                       |              | $\neg \uparrow$   |   |             | ALDII OLOR BIDII D         | (III ###                                |
| 27837 B U.S. 19<br>CLEARWATER F |   | 27837 B U.S. 18 N.<br>CLEARWATER FL 34621            |                                   |                       |              |   |   |             |                            |   |
|                                 |   |  |                                   |                       |              |   | <ol> <li>Date Incorporated or Qualified 12/14/1979</li> </ol>             | 1 .         | Date of Last R<br>/08/1996 | eport                                   |
| 2. Principal P                  | lace of Business  | 2a. Mailing Address                                  |                                   |                       |              |   | 4. FEI Number   |             |                            | oplied For                              |
| 21                              |   | 26   |                                   |                       |              | <del>59-1953129</del>   |   |             | ot Applicable              |   |
| Suite, Apt                      | #, etc.   | Suite, Apl. #, etc.                                  |                                   |                       |              | 5. Certificate of Status Desired                                    |   |             | Additional                 |   |
| City & State                    |   | 27 City & State                                      |                                   |                       |              |   | A Florida Control Florida   |             |                            | equired                                 |
| 23                              | <b>S</b> -  | 28   |                                   |                       |              |   | <ol><li>Election Campaign Financing<br/>Trust Fund Contribution</li></ol> | П           | <b>\$5.00</b><br>Added t   | May Be                                  |
| <u>Ζφ</u>                       | Country   | Zip Country  |                                   |                       |              | This corporation has liability for intangible tax under s. 199.032, |   |             |                            |   |
| 24                              | 25  | 29   | 30                                |                       |              |   | Florida Statutes  |             | □ No                       | . (00:002)                              |
|                                 | 9. Name and Address of Curre  | ent Registered Agent                                 |                                   |                       |              |   | 10. Name and Address of New   | Registere   | d Agent                    |   |
|                                 | HARDT, LOIS   |  |                                   | 81                    | Name         |   |   |             |                            |   |
|                                 | 7 B US 19 N   |  |                                   | 82                    | Street       | Addres  | s (P.O. Box Number is Not Accept  | able)       |                            |   |
|                                 | CASLER AVE.   |  |                                   | 83                    |              |   |   |             |                            |   |
| CLEA                            | RWATER FL 34621   |  |                                   | 63                    |              |   |   |             |                            |   |
|                                 |   |  |                                   | 84                    | City         |   |   | F           | 85 Zip                     | Code                                    |
| 11. Pursuant                    | to the provisions of Sections 607.09  | 502 and 607.1508. Flori                              | da Statutes, the                  | above                 | -named       | corpor  | ration submits this statement for the                                     | e purpose   | of changing it             | ts registered                           |
| office or r                     | egistered agent, or both, in the Stal<br>on familiar with, and accept the obli  | te of Florida, Such char                             | ge was author                     | zed by                | the corp     | poration  | n's board of directors. I hereby acc                                      | cept the a  | ppointment as              | registered                              |
|                                 |   | 1 . //   | 1                                 |                       |              |   |   | 1/201       | an                         |   |
| SIGNATURE                       | Special of printed name of agretimos  | gon and title if applicable                          | NOTE Regis                        | ered Age              | nt signature | required  | when reinstating)   | DATE        | //                         |   |
| 12.                             |   | NO DIRECTORS   |                                   | 3,                    |              | r ———   | ADDITIONS/CHANGES TO OF   | FICERS A    |                            |   |
| TiteE                           | P CANUADOT CADV   | [_] DE   |                                   | 1.1 TITLE             |              |   |   |             | Change                     | Addition                                |
| NAME                            | REINHARDT, GARY<br>152 LAKE SHORES DR N   |  |                                   | 2 NAME                |              |   |   |             |                            |   |
| STREET ADDRESS                  | PALM HARBOR FL  |  |                                   |                       | AODRESS      |   | J4C   | 84          |                            |   |
| TITLE                           | V   | □ Di   |                                   | 4 CITY~ST<br>1 TITLE  | 1-212        | ļ   |   |             | Change                     | Addition                                |
| NAME                            | REINHARDT, KARL   |  | <b>.</b>                          |                       |              |   | _   |             |                            | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| STREET ADDRESS                  | 1555 SATSUMA ST   |  | 2                                 | 3 STREET              | ADDRESS      | 150   | DLAKE SHORE D   | YN          |                            |   |
| CHY-SL-ZIP                      | CLEARWATER FL   |  | 2.                                | 4 CITY-S              | I-ZIP        | Pal   | o LAKE SHORE D<br>m Herby #1. TY  | 684         |                            |   |
| TITLE                           | ST  | Di   | LETE 3                            | 1 TITLE               |              |   |   |             | Change                     | Addition                                |
| NAME                            | REINHARDT, LOIS   |  | 3                                 | 2 NAME                |              |   |   |             |                            |   |
| STREET ADDRESS                  | 871 CASLER AVE.   |  | 3                                 | 3 STREET              | ADDRESS      | 1   |   |             |                            |   |
| CHY-ST-ZIP                      | CLEARWATER FL   |  |                                   | 4. CITY - S           | T-ZIP        |   |   | 15          |                            | Tall Clase.                             |
| TOTAL                           |   | ון ט   |                                   | 1 TITLE               |              |   | -   |             | L Change                   | Addition                                |
| NAME<br>CLOSES ADDITIONS        |   |  |                                   | 2 NAME                | ADDOCOO      |   |   |             |                            |   |
| STREET ADDRESS<br>CITY-ST-24P   |   |  |                                   | 3 STREET<br>4 CHTY-SI | ADDRESS      |   |   |             |                            |   |
| THE                             |   | D  |                                   | 4 CH F-SI<br>1 TITLE  | 1 - ZIP      | <b></b>   |   |             | Change                     | Addition                                |
| NAME                            |   | _ <del>_</del>                                       | 1                                 | 2 NAME                |              |   |   |             |                            |   |
| STREET ADDRESS                  |   |  | 5.                                | 3 STREET.             | ADDRESS      |   |   |             |                            |   |
| C117 - S1 - 201                 |   |  | 5.                                | 4 CITY - ST           | 1 - ZIP      | <u></u>   |   |             |                            |   |
| Title                           |   |  | LETE 6.                           | 1 TITLE               |              |   |   |             | Change                     | Addition                                |
| NAIME                           |   |  |                                   | 2 NAME                |              |   |   |             |                            |   |
| STREET ADDRESS.                 |   |  | 6.                                | 3 STREET              | AODRESS      |   |   |             |                            |   |
| City St. 7c                     | by certify that the information suppli  | and with this bling dose                             |                                   | 4 City-Si             | *****        | tated is  | a Section 119 07/2Vi) Elected State                                       | rice I form | har partify that           | the                                     |
| informatio<br>Lam an o          | or indicated on this annual report or<br>flicer or director of the corporation<br>in Block 12 or Block 13 if changed, | r supplemental annual r<br>or the receiver or truste | eport is true an<br>e empowered t | id accu               | rate and     | that m  | ny signature shall have the same le                                       | gal effect  | as if made un              | ider oath; that                         |