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Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90183 042 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 648273

1. Corporation Name
ROSS & SONS, INC.

Principal Place of Business
 27837 B U.S. 19 N.
 CLEARWATER FL 34621

Mailing Address
 27837 B U.S. 19 N.
 CLEARWATER FL 34621

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/14/1979

4. FEI Number
59-1953129

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Election Campaign Financing
 Trust Fund Contribution ☐

\$5.00 May Be
 Added to Fees

8. This corporation owes the current year intangible
 Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 **33761** 2529 **33761** 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~REINHARDT, LOIS~~
~~243 COLONIAL BLVD~~
~~871 CASLER AVE~~
~~PALM HARBOR FL 34684~~

81 Name **Gary Reinhardt**
 82 Street Address (P.O. Box Number is Not Acceptable)
152 Lakeshore Dr. N.
 83
 84 City **Palm Harbor** FL 85 Zip Code **34684**

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 printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
 NAME **P REINHARDT, GARY**
 STREET ADDRESS **152 LAKE SHORES DR N**
 CITY-ST-ZIP **PALM HARBOR FL**

TITLE ☐ DELETE
 NAME **V REINHARDT, KARL**
 STREET ADDRESS **150 LAKE SHORE DR N**
 CITY-ST-ZIP **PALM HARBOR FL**

TITLE ☐ DELETE
 NAME **ST REINHARDT, LOIS**
 STREET ADDRESS **243 COLONIAL BLVD**
 CITY-ST-ZIP **PALM HARBOR FL 34684**

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
 3.2 NAME
 3.3 STREET ADDRESS **275 Colonial Blvd.**
 3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 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.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/99

727-791-7671

CR2E034 (11/98)