1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **F32043**

1. Corporation Name

JIM ROTT HOME IMPROVEMENTS AND AIR CONDITIONING,

						(fir: 61811 elett #1811 818	H 81911 SIBIL 1991	
Principal Place of Business Mailing Address										
605 3RD PLACE 605 3RD PLACE										
VERO BCH FL 32962		VERO BCH FL 32962				-	O NOT WRITE	IN THIS SDACE		
					<u> </u>			IN THIS SPACE		
					3.	04/23/1981	or Qualited			
2. Principal P	lace of Business	2a. Mailing Address			4.	FEI Number			Applied For	
21		26				59-2092588		[7]	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				Cardifacta of Chat	Desired	\$8.75	Additional	
22		27			5.	Certificate of Stat	us Desired	└ Fee	Required	
City & Stat	e	City & State			6	Election Campaig	n Financing	- \$5.0	0 мау Ве	
23		28	8			Trust Fund Contr	- 1		d to Fees	
Zip	Country	Zip	Cou	ntry	8.	This corporation	owes the curren	t year Intangible		
24	25	29	30		"	Personal Propert		Yes	□No	
27	9 Name and Address of Current				10.	Name and Addr	ess of New Reg	gistered Agent		
		<u> </u>		81 Name		•				
ROT	T, MARY E.							-,		
- 2255-11TH-LAN E						P.O. Box Number i		e)		
VERO BCH FL 32960				83 605	<u> </u>	$\Delta U = I - II$	<u> </u>			
				~~						
				84 City			<u>-</u>	FL 85 2	PCOde 2	
								1. 1	2960	
11, Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	2 and 607.1508, Florida Stati	utes, the al	ove-named c	orporation	n submits this stat	ement for the pu hereby accept t	irpose of changing the appointment as	registered	
agent. I a	m familiar with, and accept the obligat	tions of, Section 607.0505, F	lorida Statu	ites.	B.1011 0 0	Jan 2 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
SIGNATURE									1	
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NO	E: Registered	Agent signature req	juired when r	einstating)		DATE		
12.	OFFICERS AN		13.			ADDITIONS/CHAP	IGES TO OFFIC	CERS AND DIREC		
TITLE	DST	DELETE	1.1 117	LE				Chang	e 🔲 Addition	
NAME	ROTT, MARY E		1.2 NA	ME			01-	e 14%		
STREET ADDRESS	-2255 11TH LANE		1.3 ST	REET ADDRESS	1/5	29+H	COURT	3. 0.	i	
CITY-ST-ZiP	VERO BEACH, FL 00000-		1,4 CF	Y-ST-ZIP				32968		
TITLE	DP	☐ DELETE	2.1 TI	LE	~			5. W. 32968 Chang	e 🔲 Addition	
NAME	ROTT, JAMES R		2.2 N							
STREET ADDRESS	AATE JATILLANE.		2357	REET ADDRESS	115	29+H	COURT	5. w.		
	VERO BEACH, FL 00000			TY-ST-ZIP	// 0	29+H		32968	Ì	
CITY-ST-ZIP	DVP	☐ DELETE	3.1 TF					Chang	e Addition	
TITLE	-							<i>,</i> - ·		
NAME	ROTT, KEVIN JAMES		3.2 NA		11/	11+1+	COUR	i-		
STREET ADDRESS				REET ADDRESS	116	10111	00 /	F 32962	ļ	
CITY-ST-ZIP	VERO BEACH FL			TY-ST-ZIP					e Addition	
TITLE		☐ DELETE	4.1 Tî					Chang	e Magaga	
NAME			4. 2 N	ME						
STREET ADDRESS			4.3 ST	REET ADDRESS						
CITY-ST-ZIP			4.4 CI	Y-ST-ZIP						
TITLE		☐ DELETÉ	5.1 TI	LE				Chang	je 🗌 Addition 🛭	
NAME			5.2 NA	ME					ì	
STREET ADDRESS			5.3 81	REET ADDRESS						
CITY-ST-ZIP			5.4 Cf	Y-ST-ZIP					į	
OI I T- 3 I - ZIF	<u> </u>									
TITLE		☐ DELETE	6 1 TF	LE				Chang	je 🔲 Addition (

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, on on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

FILED

Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90194 020 ***150.00