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

CORPORATION ANNUAL REPORT

1997

CITY-ST-ZIE



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **F33892** 

(3)

WILLIAM ROTH CONSTRUCTION CORP.

Principal Place of Business Mailing Address 1440 S WATERVIEW DR. 1440 S WATERVIEW DR. INVERNESS FL 34450-3500 INVERNESS FL 34450-3500 3a. Date of Last Report 3. Date Incorporated or Qualified 05/07/1981 04/16/1996 FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-2091595 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199,032, Yes No 29 Florida Statutes 24 25 30 10. Name and Address of New Registered Agent 9 Name and Address of Current Registered Agent 81 Name ROTH, WILLIAM R. 1440 S WATERVIEW DR Street Address (P.O. Box Number is Not Acceptable) **INVERNESS FL 34450** 83 Zip Code 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 or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13 DELETE Change Addition 1.1 YITLE TITLE ROTH, LOREEN E. NAME 1.2 NAME 1440 S WATERVIEW DR. 1.3 STREET ADDRESS STREET ADDRESS **INVERNESS FL** 1.4 CITY - ST - ZIP CITY-S1-ZIF Change DELETE ☐ Addition 2.1 TITLE TITLE ROTH, WILLIAM R 22 NAME NAME 1440 \$ WATERVIEW DR. 2.3 STREET ADDRESS STREET ADDRESS INVERNESS FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-\$T-ZIP CITY-ST-ZIP DELETE Channe Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME **6.3 STREET ADDRESS** STREET ADDRESS

14. I do 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.

6.4 CITY-ST-ZIP

(96/6)

**FILED** 

Feb 21 1997 8:00am

Secretary of State