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

**PROFIT** CORPORATION **ANNUAL REPORT** 1998



Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #**1. Corporation Name

(3)

WILLIAM ROTH CONSTRUCTION CORP.

Principal Place of Business

Mailing Address

**FILED** Apr 09 1998 8:00am Secretary of State



1440 8 WATERVIEW DR. INVERNESS FL 34450-3500 US		1440 S WATERVIEW DR. INVERNESS FL 34450-3500 US		, DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified		
				05/07/1981		
2. Principal Place of Business 2a. Mailing Address				4. FEI Number	Applied For	
21 94 /	PALM AVE	26 <i>P.O. Box 3</i> Suite, Apt. #, etc.	68°	59-2091595	Not Applicable	
Suite, Apt. (		Suite, Apt. #, etc.	-	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State City & State			8. Election Campaign Financing	\$5.00 May Be		
	ENETS PL	28 / NVERNES	SJ, FL.	Trust Fund Contribution	Added to Fees	
Zip 3446	Country Country Country	zip 29 34457-0368 2	Country	This corporation owes or has paid the Personal Property Tax due June 30.	current year Intangible	
9. Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent						
ROTH, WILLIAM R. B1				ame		
1440 S WATERVIEW DR			90 Street Address (D.O. Boy Number is Not Acceptable)			
	ERNESS FL 34450		62 Street	82 Street Address (P.O. Box Number is Not Acceptable)		
1147E114E00 FE 04400						
					12-1 2- 2	
			84 City	F	85 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 .					-	
12.	Signature, typed or printed name of registered agmi OFFICERS AND		Registered Agent signature 13.	required when reinstalling) DAT  ADDITIONS/CHANGES TO OFFICERS A		
TITLE	ST OFFICENS AND	DELETE	1.1 TITLE	57	Change Addition	
NAME	ROTH, LOREEN E.	par belefit	1.2 NAME	Tolle or Dord		
STREET ADDRESS	1440 S WATERVIEW DR.		1.3 STREET ADDRESS	ZATO PERMINATE CT.		
	INVERNESS FL		1.4 CITY - ST - ZIP	JOHN E. ROTH 2019 PEDWINKE CT. COVINGTON, KY 41017-44	30	
CITY-ST-ZIP TITLE	D D	DELETE	2.1 TITLE	20011197010 1CY 11 017 1 410	Change Addition	
NAME	ROTH, WILLIAM R		2.2 NAME			
STREET ADDRESS	1440 S WATERVIEW DR.		2.3 STREET ADDRESS			
CITY-ST-ZIP	INVERNESS FL		2. 4 CITY - ST - ZIP			
TITLE	HIIGHIEGO I E	☐ D£LETE	3.1 TITLE	<del></del>	Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY - ST - ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY - ST - ZIP			
14. I hereby c	ertify that the information supplied wi	th this filing does not qualify for	the exemption state	ed in Section 119.07(3)(i), Florida Statutes. I furthe	r 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 attacking of with an address.						
SIGNATURE: William P. Off 4/4/98 352-344-026						