

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90196 050 ***150.00

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DOCUMENT # F33892

1. Corporation Name

WILLIAM ROTH CONSTRUCTION CORP.

Principal Place of Business

941 PALM AVE
INVERNESS FL 34452

US 9885 N. PIONEER PT.
CITRUS SPRINGS, FL. 34434
U.S.

Mailing Address

P O BOX 368
INVERNESS FL 34451-368
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/07/1981

4. FEI Number

59-2091595

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fees 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

21 9885 N. PIONEER PT

Suite, Apt. #, etc.

22

City & State

23 CITRUS SPRINGS

Zip

24 34434

Country

25 CITRUS

2a. Mailing Address

26 9885 N. PIONEER PT.

Suite, Apt. #, etc.

27

City & State

28 CITRUS SPRINGS

Zip

29 34434

Country

30 CITRUS

9. Name and Address of Current Registered Agent

ROTH, WILLIAM R.
1440 S WATERVIEW DR
INVERNESS FL 34450

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and due if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-6-99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
ST
ROTH, JOHN E
2079 PERIWINKLE CT
COVINGTON KY 41017-4434

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
P
ROTH, WILLIAM R
1440 S WATERVIEW DR.
INVERNESS FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 and typed or printed name of signing officer or director

1-6-99

Date

352-465-2251

Daytime Phone #

CR2E034 (11/98)