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Secretary of State

03-01-1999 90196 050 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 9885 N. PIONEER PT	2a. Mailing Address 26 9885 N. PIONEER PT.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 CITRUS SPRINGS	City & State 28 CITRUS SPRINGS
Zip 24 34434	Country 25 CITRUS
Zip 29 34434	Country 30 CITRUS

3. Date Incorporated or Qualified 05/07/1981	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-2091595	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 William R. Roth DATE 1-6-99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROTH, JOHN E	1.2 NAME	
STREET ADDRESS	2079 PERIWINKLE CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	COVINGTON KY 41017-4434	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROTH, WILLIAM R	2.2 NAME	P WILLIAM R. ROTH
STREET ADDRESS	1440 S WATERVIEW DR.	2.3 STREET ADDRESS	9885 N. PIONEER PT.
CITY-ST-ZIP	INVERNESS FL	2.4 CITY-ST-ZIP	CITRUS SPRINGS, FL 34434
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: William R. Roth DATE 1-6-99 DAYTIME PHONE # 352-465-2251

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/98)