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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name F68121

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SECRETARY OF STATE TALLAHASSEE, FLORIDA ROBERT ROTH INSURANCE, INC. Principal Place of Business Mailing Address 8789 SAN JOSE BLVD PO BOX 24005 STE 209 JACKSONVILLE FL 32241-1005 DO NOT WRITE IN THIS SPACE JACKSONVILLE FL 32217 3. Date Incorporated or Qualified 3a. Date of Last Report 02/16/1982 4. FEI Number .05/01/1996 2a. Mailing Address 2. Principal Place of Business Applied For 21 Not Applicable 26 NOT APPLICABLE Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired П Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Country $Z_{\rm ID}$ This corporation owes or has paid the current year Intangible Yes ☐ No 24 Personal Properly Tax due June 30. 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 ROBERT ROTH INS INC. ROTH KOBERT 8789 SAN JOSE BLVD t Address (P.O. Box Number is Not Acceptable 62 San Jose JACKSONVILLE FL 32217 BIND. 83 City JACKSONYI 110 Zip Code ろンローフ 84 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statules, 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 lamiliar with, and accept the obligations of, Section 607.0505, Florida Statules.

SIGNATURE

SIGNATURE

ROTH, President

9/18/97 9/18/97 I. ROTH, President SIGNATURE an in higgstered agent and little it applicable (NOTE: Bi gistered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE X Change Addition TITLE 11 1811 5 ROTH, SANDRA G. ROTH, SANDRA G NAME 1.2 NAME 8789 SAN JOSE BIVEL # DUA 3929 SAN JÖSE PARK DR. STREET ADDRESS 1,3 STREET ADDRESS JACKSONVILLE FL 32217 CITY-ST-ZIP 1.4 CITY - ST - 7IP Jacksonnile Floorda DELETE Change TITLE PD 2 1 11TLF PD Addition NAME ROTH, ROBERT 2.2 NAME ROTH, RUBGET 8789 SAM JOSE BIN # 209 STREET ADDRESS 3929 SAN JOSE PARK DR. 23 STREET ADDRESS JACKSONVILLE FL JACKSENVILLE, Florida 32217 CITY-ST-2/P 2. 4 CITY - ST - ZIP DELETE Addition 3.1 THUE Change TITLE NAME 3.2 NAME 3 3 STREET ADORESS STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE TITLE 4.1 TITLE AME 4 2 NAME TREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - 7IP 700002311947 DELFTE TITLE 5.1 TILLE NAME 5.2 NAME -10/03/97--01118--004 STREET ADDRESS 5.3 STREET ADDRESS ******165.00 ****165.00 CITY-ST-ZIP 5.4 CITY - ST - ZIF AX Change Addition DELFTE TITLE 61 TILLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS

CITY-ST-ZIP 6.4 CITY-S1-ZIP 14. I do hereby certify that the information supplied with this filling 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.

2.00

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ROBERT ROTH INSURANCE, INC.

8789 SAN JOSE BOULEVARD, BUILDING 200, SUITE 209
P.O. BOX 24005

JACKSONVILLE, FLORIDA 32241-4005

(904) 733-8836 FAX (904) 733-1988

August 25, 1997

Division of Corporations ATT: Annual Reports P.O. Box 6327 Tallahassee, Florida 32314

RE: Robert Roth Insurance TN-

Dear Department:

Please accept this letter as notice that we did not receive our first notice regarding our 1997 Profit Corporation Annual Report.

Enclosed please find our 1997 Profit Corporation Annual Report and check in the amount of \$165. As we discussed with Maria Bartlett, the enclosed was our first notice regarding filing for this annual report. She advised that in order to clear this penalty for late filing a letter notifying your department of the fact we never received the first notice would be required along with the monies due.

Thank you for your help in clearing up this matter.

Sincerely,

Robert I. Roth

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