

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

FILED
Apr 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000004884 (2)
 1. Corporation Name
W. C. ROESE CONTRACTING, INC.

Principal Place of Business 10200 US HIGHWAY 92 E. TAMPA FL 33610 US	Mailing Address 10200 US HIGHWAY 92 E. TAMPA FL 33610 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

3. Date Incorporated or Qualified 09/21/1994	
4. FEI Number 38-3185732	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 or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

g. Name and Address of Current Registered Agent

JOHN M. MEACHER
5831 N. PINE ST.
SEFFNER FL 33584

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	ROESE, WILLIAM C
STREET ADDRESS	4285 TWO MILE RD.
CITY-ST-ZIP	BAY CITY MI 48706
TITLE	V <input type="checkbox"/> DELETE
NAME	MEAGHER, JOHN M
STREET ADDRESS	2717 SEVILLE #1306
CITY-ST-ZIP	CLEARWATER FL
TITLE	T <input type="checkbox"/> DELETE
NAME	ROESE, WILLIAM C
STREET ADDRESS	4285 TWO MILE RD.
CITY-ST-ZIP	BAY CITY MI
TITLE	S <input type="checkbox"/> DELETE
NAME	JOHN M. MEACHER
STREET ADDRESS	2717 SEVILLE #1306
CITY-ST-ZIP	CLEARWATER FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	John M. Meagher <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	V.P.
2.3 STREET ADDRESS	2920 Knights Ave
2.4 CITY-ST-ZIP	Tampa, FL 33611
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	John M. Meagher
4.3 STREET ADDRESS	2920 Knights Ave
4.4 CITY-ST-ZIP	TAMPA, FL 33611
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *Elizabeth Blair* **3/31/98** **813-462-9397**

CR2E034 (10/97)