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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9500001081 (7)

ROXCO, LTD. INCORPORATED

## **FILED** May 04 1998 8:00am Secretary of State



Dringing Diago of Durings						
Principal Place of Business Mailing Address						
P.O. BOX 64 Brandon MS 39043		P.O. BOX 64 Brandon MS 39043			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified 03/07/1995	
2. Principal Place of Business 21		2a. Mailing Address 26			4. FEI Number Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	
City & State		City & State		_	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Counti	У	8. This corporation owes or has paid the current year Intangible	
24	25		30		Personal Property Tax due June 30. Yes No	
	9. Name and Address of Current	Hegistered Agent	8	I Name	10. Name and Address of New Registered Agent	
	T CORPORATION SYSTEM			i ivanic		
1200 <b>\$O</b> UTH PINE ISLAND ROAD PLANTATION FL 33324			8:	2 Street	Address (P.O. Box Number is Not Acceptable)	
			8:	3		
			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 title if applicable (NOTE Registered Agent signature required when reliastating) DATE						
12.	OF LICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	☐ DELETE	1.1 TITLE		Change Addition	
NAME	TURNAGE, BENJAMIN O JR		1.2 NAME			
STREET ADDRESS			1.3 STREE	T ADDRESS		
CITY-\$T-ZIP	BRANDON MS		1.4 CITY-	ST - ZIP		
TITLE	P PORRING PONALS	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition	
NAME	ROBBINS, RONALD		2.2 NAME			
STREET ADDRESS	140 OLD HWY 80W BRANDON MS			T ADDRESS	<del> </del>	
CITY-ST-ZIP TITLE	ST ST	X DELETE	2. 4 CITY 3.1 TITLE		Secretary/Treasurer Michange Addition	
NAME	CARTER, DAVID R	V Deterie	3.7 HILE		Secretary/Treasurer   Li Addition   H.G. Morgan, Jr.	
STREET ADDRESS	440 OLD LBIOLOGO W			T ADDRESS	140 Old Hwy 80 W	
CITY-ST-ZIP	BRANDTON MS		3.4. CITY		Brandon, MS 39042	
TITLE		DELETE	4.1 TITLE		Change Addition	
NAME			4. 2 NAM	E		
STREET ADDRESS	;		4.3 STREE	1 ADDRESS		
CITY-ST-ZIP			4.4 CITY-	ST-ZIP		
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition	
NAME			5.2 NAME			
STREET ADDRESS	<b>;</b>		5.3 STREE	T ADDRESS		
CITY-ST-ZIP		T ociete	5.4 CITY-		Observe The Address	
TITLE		☐ D£LETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS	5			T ADDRESS		
CITY-ST-ZIP	<u> </u>	0.012.69	6.4 CITY	ST-ZIP	1 0 0 0 440 07/0\(0) 51 14 00 14 14 14 14 14 14 14 14 14 14 14 14 14	

I 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, open an allochment with an address. 4/23/98

Ronald Robbins.

President 601-825-4193