

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Sep 10, 1999 8:00 am**  
**Secretary of State**

09-10-1999 90008 005 \*\*\*236.25

**DOCUMENT # F95000004676**

Corporation Name

**THE GEORGE AND DOLORES ROLLAR FOUNDATION, INC.**

Principal Place of Business

16100 49TH STREET N.  
CLEARWATER FL 34622

Mailing Address

16100 49TH STREET N.  
CLEARWATER FL 34622



Principal Place of Business <b>1540 GULF BLVD</b>		2a. Mailing Address <b>P O BOX 17297</b>		3. Date Incorporated or Qualified <b>09/25/1995</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>59-3309790</b>	
City & State <b>BELLAIR SHORE, FL</b>		City & State <b>Clearwater FL</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>25</b>	Country <b>USA</b>	Zip <b>29</b>	Country <b>33762</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent <b>CITICORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>				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	

I, Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	PD	1.1 TITLE	PD
2. NAME	ROLLAR, GEORGE	1.2 NAME	ROLLAR, GEORGE
3. STREET ADDRESS	16100 49TH STREET N.	1.3 STREET ADDRESS	P O BOX 17297
4. CITY-ST-ZIP	CLEARWATER FL 34622	1.4 CITY-ST-ZIP	CLEARWATER, FL 33762
5. TITLE	VD	2.1 TITLE	VD
6. NAME	ROLLAR, DOLORES	2.2 NAME	ROLLAR, DOLORES
7. STREET ADDRESS	16100 49TH STREET N.	2.3 STREET ADDRESS	P O BOX 17297
8. CITY-ST-ZIP	CLEARWATER FL 34622	2.4 CITY-ST-ZIP	CLEARWATER, FL 33762
9. TITLE	STD	3.1 TITLE	STD
10. NAME	ROLLAR, RICHARD	3.2 NAME	ROLLAR, RICHARD
11. STREET ADDRESS	16100 49TH STREET N.	3.3 STREET ADDRESS	ROUTE 21 BOX 141 C
12. CITY-ST-ZIP	CLEARWATER FL 34622	3.4 CITY-ST-ZIP	OLD FORT, NC 28762
13. TITLE	D	4.1 TITLE	D
14. NAME	ALBERGA, MICHAEL	4.2 NAME	ALBERGA, MICHAEL
15. STREET ADDRESS	16108 49TH STREET N.	4.3 STREET ADDRESS	P O BOX 472 GT
16. CITY-ST-ZIP	CLEARWATER FL 34622	4.4 CITY-ST-ZIP	GRAND CAYMAN, BWI
17. TITLE	D	5.1 TITLE	D
18. NAME	HEBERT, GARY	5.2 NAME	ROLLAR, KATHLEEN
19. STREET ADDRESS	11804 CLASSIC LAKE WAY	5.3 STREET ADDRESS	84 ROUTE 31
20. CITY-ST-ZIP	TAMPA FL 33635	5.4 CITY-ST-ZIP	CLINTON CT 06413
21. TITLE		6.1 TITLE	ROBERT B. MOLEK
22. NAME		6.2 NAME	D
23. STREET ADDRESS		6.3 STREET ADDRESS	1014 41 AVENUE N.E.
24. CITY-ST-ZIP		6.4 CITY-ST-ZIP	ST. PETERSBURG FL 33703

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 617, 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 REQUIRED

9/1/99

727-595-7274

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)