

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # G13217

1. Corporation Name

R. L. ROOT COMPANY

Principal Place of Business

2505 ENTERPRISE RD.  
STE 3  
CLEARWATER FL 34623  
US

Mailing Address

2436 ENTERPRISE ROAD  
STE 3  
CLEARWATER FL 33763  
US

2. Principal Place of Business

21 1002 VINE AVE  
Suite, Apt. #, etc.

2a. Mailing Address

26 1002 VINE AVE  
Suite, Apt. #, etc.

City & State

23 CLEARWATER, FL  
Zip Country

24 33755 25

City & State

28 CLEARWATER, FL  
Zip Country

29 33755 30

9. Name and Address of Current Registered Agent

ROOT, ROBERT  
2436 ENTERPRISE RD.  
CLEARWATER FL 34623

3. Date Incorporated or Qualified

12/14/1982

4. FEI Number

59-2291760

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

ROBERT ROOT

82 Street Address (P.O. Box Number is Not Acceptable)

1002 VINE AVE

83

84 City

CLEARWATER, FL

85 Zip Code

33755

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME ROOT, ROBERT  
STREET ADDRESS 2436 ENTERPRISE RD.  
CITY-ST-ZIP CLEARWATER FL

☒ DELETE

TITLE ST  
NAME ROOT, LINDA L  
STREET ADDRESS 2436 ENTERPRISE ROAD  
CITY-ST-ZIP CLEARWATER FL 34623

☒ DELETE

TITLE REBECCA ROOT S.T.  
NAME 1002 VINE AVE  
STREET ADDRESS CLEARWATER, FL 33755  
CITY-ST-ZIP

☐ DELETE

TITLE JOSHUA ROOT P.D.  
NAME 1002 VINE AVE  
STREET ADDRESS CLEARWATER, FL 33755  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-99 727-441-8284

Date

Daytime Phone #

FILED  
Mar 11, 1999 8:00 am  
Secretary of State

03-11-1999 90221 042 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2F034 (1/98)