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May 01 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H85658

(3)

1. Corporation Name

ROME ENTERPRISES, INC.

Principal Place of Business

7215 N. ROME AVE.
TAMPA FL 33604
US

Mailing Address

13910 N. DALE MABRY HWY. STE. 1
% WALTER SANDERS
TAMPA FL 33618-2440

3. Date Incorporated or Qualified

11/14/1985

3a. Date of Last Report

05/01/1996

4. FEI Number

59-2609384

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

SANDERS, WALTER
13910 N. DALE MABRY HWY.
STE. 1
TAMPA FL 33618

10. Name and Address of New Registered Agent

81 Name

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

83

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 publications 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 re-instating)

DATE

WALTER SANDERS 2-19-97

12. OFFICERS AND DIRECTORS

TITLE PD
NAME CAIN, CATHERINE J.
STREET ADDRESS 1718 W. BROAD STREET
CITY-ST-ZIP TAMPA FL 33604 ☐ DELETE

TITLE VD
NAME DINO, WILLIAM
STREET ADDRESS 8915 NORTH ROME AVENUE
CITY-ST-ZIP TAMPA FL 33604 ☒ DELETE

TITLE S
NAME BALLARD, BARBARA JEAN
STREET ADDRESS 8915 NORTH ROME AVENUE
CITY-ST-ZIP TAMPA FL ☐ DELETE

TITLE V
NAME BALLARD, PHILLIP
STREET ADDRESS 8915 ROME AVE.
CITY-ST-ZIP TAMPA FL 33604 ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do 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 *Walter Sanders* 4/20/97 (912) 922-5150

CR2E034 (9/96)