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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Jan 14 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J28

J28348

(7)

Mailing Address

ROOTS GROUP INVESTMENT CORPORATION

P O BOX 123 P.O. BOX 123 TALLAHASSEE US	35	P.O. BOX 12335 Tallahassee FL 32317-23 US	35		3. [late Incorporated or Qualified	d 3a. Date of La	ast Report
					(08/12/1986	04/04/19	96
	hace of Business	2a. Mailing Address		*******		El Number		Applied For
	5 CRAWFORDVILLE HWY	26				59-2778146		Not Applicable
Suite, Apt		Surte, Apt. #, etc. 27			5 . C	Certificate of Status Desired	1 7	75 Additional se Required
23 CAN	beporce FL	City & State			I .	lection Campaign Financing rust Fund Contribution		.00 May Be ded to Fees
Zip	Country	Zip	Country		B. T	his corporation has liability for		
24 3 L	3 C) ₂₅		ю		I .	lorida Statutes	☐ Yes ☐ No	
	9. Name and Address of Current F	legistered Agent		T	10. h	lame and Address of New F	Registered Agent	
	OSHIE, JOHN S.		81	Name				
	Z-SMITAL-IMY		82	Simul	Anklores (P.C	Bon Namber is Not Accept	able)	. 00
CR/	AWFORDVILLE FL 32327			IO	$\mathcal{O}^{\bullet}\mathcal{L}_{\bullet}$	MINKINUA	SHIM ME	s RD
ļ			83					
			84	City			FL 85	Zip Code
11. Pursuant to the provisions of Sections 637 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of charging its registered.								
office or registered agent, or both, in the State of Forida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.								
SIGNATURE	Bignitive high not printed than to be provided with	ratific in supplicable (NOTE	Registered Ag	ent signature	required when re	rstating)	DATE	
12.	OLLICERS AND D		13.		ΑĽ	DITIONS/CHANGES TO OFF	ICERS AND DIREC	TORS IN 12
TITLE	DVT	DELETE	1.1 TITLE				Chai	inge 🔲 Addition
NAME	MOOSHIE, JOHN S.		1.2 NAME		4			
STREET ADDRESS	RF4 BOX 0707		1.3 STREE	ADDRESS	1005	Wakhua Spri	nous ro	^
C-TY-ST-ZIP	CRAWFORDVILLE FL	DELETE	1.4 OHY -:	ST-ZIP		· · · · · · · · · · · · · · · · · · ·	5 0-	32327
NAME	PD Diehl, Greg	L.J DITCIT	2.1 THILE 2.2 NAME				Chai	rige [] Addition
STREET ADDRESS	RT -0; BCX; SCZ O			ADDRESS	1260	ARRAN RD		
CHY-ST-7IP	CRAWFORDVILLE FL		2 4 CITY -		פנטו	MUCAN KD		37377
THE	OWWW ONDVILLE TE	DELETE	3 1 TITLE	31 - ZIF			Cha	nge Addition
NAME:			3.2 NAME				****	,
STREET ADDRESS			3 3 STREE	ADDRESS				
CITY - \$1 - 2IP			3 4. CITY -	ST-ZIP				
TITLE		DELETE	4 1 TITLE				Chai	nge Addition
NAME			4 2 NAME					
STREET ADDRESS			4 3 STREE	ADDRESS				
CHY-SI-ZIP		D breeze	4.4 CiTY - 3	ST - ZIP				
TITLE		☐ DELETE	5 1 TITLE				☐ Chai	nge L Addition
NAME CONTRACTOR	; 		5.2 NAME					
STREET ADDRESS.	<u> </u> -		£ 3 STREE					
CHY-ST-ZIP TILLE		DELETE	64 CITY-:	51 - ZIP			☐ Chai	nge Addition
NAME		part of the second	6.2 NAME					ingo Lini Attorition
STREET ADDRESS	: [6.3 STREET	ADDRESS				
CITY - ST - ZIP			6 4 CITY - S					
14. I do herel	by certify that the information supplied w	ith this filing does not qualify	for the exe	mption s	tated in Sect	ion 119.07(3)(i). Florida Statu	tes. I further certify	that the
Informatio Lami ani o	vi indicated on this annual report or sup facer or director of the corporation or the n Block 12 or Block 13 if changed for or	pfementat annual report is trui e receiver or trustee empower	e and acc red to exec	irate and	I that my sign	ature shall have the same lea	nal effect as it made	e under nath: that