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PROFIT CORPORATION ANNUAL REPORT

1999

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

DOCUMENT # J40106

1. Corporation Name
ROOTH & ROOTH, P.A.

Principal Place of Business	Mailing Address
% GILBERT J. ROOTH 7913 SEMINOLE MALL E. SEMINOLE FL 33772 US	% GILBERT J. ROOTH 7913 SEMINOLE MALL E. SEMINOLE FL 33772 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 10/29/1986

2. Principal Place of Business
21: 7731 Seminole Mall
22: Suite, Apt. #, etc.
23: City & State: Seminole FL
24: Zip: 33772 25: Country: USA

2a. Mailing Address
26: SAME AS (2)
27: Suite, Apt. #, etc.
28: City & State
29: Zip 30: Country

4. FEI Number: 59-2739988 ☐ Applied For ☐ Not Applicable

5. Certifcate 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~~

9. Name and Address of Current Registered Agent

ROOTH, GILBERT J.
7913 SEMINOLE MALL E.
SEMINOLE FL 33772

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 7731 Seminole Mall
83
84 City: Seminole FL 85 Zip Code: 33772

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ROOTH, GILBERT J.		1.2 NAME		
STREET ADDRESS	7913 SEMINOLE MALL E.		1.3 STREET ADDRESS	7731 Seminole Mall	
CITY-ST-ZIP	SEMINOLE FL 33772		1.4 CITY-ST-ZIP	Seminole FL 33772	
TITLE	DP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ROOTH, SUSAN A.		2.2 NAME		
STREET ADDRESS	7913 SEMINOLE MALL E.		2.3 STREET ADDRESS	7731 Seminole Mall	
CITY-ST-ZIP	SEMINOLE FL 33772		2.4 CITY-ST-ZIP	Seminole FL 33772	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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: Susan A Rooth SUSAN A ROOTH 4/29/99 727-397-4768
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)