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

PROFIT CORPORATION ANNUAL REPORT 1998



J81406

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # THE ROLLAR CORPORATION

FILED Mar 09 1998 8:00am Secretary of State

|--|--|--|--|--|--|

Dringing Class	o of Dunisons	Mailing Address		-		#4611
Principal Place of Business Mailing Address						
		16100 49TH STREET. NO CLEARWATER FL 34622	ORTH			
		OCCANIA LI I C 91022	LEANVIATEN FL 34022		DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
					07/07/1987	
	Place of Business	2a. Mailing Address			4, FEI Number	Applied For
21		26			59-2821682	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5, Certificate of Status Desired	\$8.75 Additional Fee Regulred
22 City & Stat	ho	City & State				
23		28			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	7 ₁ p	Country	y	8. This corporation owes or has paid the ci	_
24	25	29	30			Yes No
	g, Name and Address of Curre				10. Name and Address of New Registered	1 Agent
RO	DLLAR, GEORGE		81	Name		
	100 - 49TH ST. NORTH		82	Street Add	ress (P.O. Box Number is Not Acceptable)	
	EARWATER FL 34622		L		Sort tarnes to Not Nooplastoy	
			63		-	
			84	City		85 Zip Code
				Oity	FI	_ 00 Zip Code
11. Pursuant office or I	to the provisions of Sections 607.050 registered agent, or both, in the State and familiar with, and account the oblides.	02 and 607.1508, Florida Statu o of Florida: Such change was untous of Section 607.0505, Fl	tes, the abov authorized b lorida Statute	e-named corp y the corpora	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap	of changing Its registered pointment as registered
SIGNATURE.						
	Signature, typed or printed name of registered ag			ont signature requi	ired when reinstating) DATE	
12.	PD OFFICERS AN	ID DIRECTORS DELETE	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
NAME	ROLLAR, GEORGE	C) peter	1.2 NAME			C Cusage C Adollor
STREET ADDRESS	16100 49TH STREET N.			T ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		1.4 CITY-	1		
TITLE	OLDWINNERTE	DELETE	2.1 TITLE	31-21		☐ Change ☐ Addition
NAME			2.2 NAME	1		_ , _
STREET ADDRESS			- 6	T ADDRESS		
CITY-ST-ZIP			2.4 CITY-	1		
TITLE		DELETE	3.1 TITLE			☐ Change ☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3 3 STREF	T ADDRESS		
CITY-ST-ZIP			3.4. CITY-	ST-ZIP		
TITLE		DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREE	1 ADDRESS		
CITY-ST-ZIP			4.4 CITY-	ST-ZIP		
TITLE		DETELE	5.1 TITLE			Change Addition
NAME	1		5.2 NAME	1		
STREET ADDRESS			5.3 STREE	T ADDRESS		
CITY-ST-ZIP			5.4 CITY-	ST-ZIP		
TITLE		☐ DELĒTĒ	6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP	L.,		6.4 CITY-	ST-ZIP	0. 2. 440.07/01/2 Ft. 14. 01.1 (14. 41	- i alife alle a alle e l'estre e estre e

ne exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the Information te and that my signature shall have the same legal effect as if made under oath; that I am an abute this report as required by Chapter 607, Florida Statutes; and that my name appears in

3/3/98