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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # **J94622** 

(4)

SOUTHERN ROAD BUILDERS OF POLK COUNTY, INC.

Principal Place of Business

C/O KEVIN R. ROGGEN

Mailing Address

C/O KEVIN R. ROGGEN 2826 SECURITY LANE LAKELAND FL 33803 C/O KEVIN R. ROGGEN 2826 SECURITY LANE LAKELAND FL 33803



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						<ol> <li>Date Incorpore</li> <li>10/01/19</li> </ol>	87			Date of La 03/31	st Re /1 <b>99</b>	.port <b>5</b>
	ace of Business	2a. Mailing Address				4. FEI Number			Д.,, .,		A	oplied For
	SECURITY LANS	26 2840 S		LAN	$\varepsilon$	65-000	286				N	lot Applical
Suite, Apt 2		Suite, Apt. #, etc. 27  City & State 28				5. Certificate of Status Desired					\$8.75 Additional Fee Required	
City & State 3	<del>0</del>				•	6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees						
Zψ	Country	Zip	Cou	ıntry		3. This corporation			ntanoib			
<u> </u>	25	29	30			Florida Statute		Yes				.00,002,
	9. Name and Address of Curre	ent Registered Agent			1	0. Name and A	ddress c	of New R	egister	ed Ageni	ì	
00000	AL LEGION B			81 Name								
	N, KEVIN R.			82 Street	Address (	P.O. Box Numbe	rís Not	Accentah	le)			
	ECURITY LANE			284	10 S	ECURIT	<b>J</b> "Z	ANIS				
LAKELA	ND FL 33803			83					•			
				<b>84</b> City								
	to the provisions of Sections 607,050			,					F	L 85	'	Code
	Styriature, typert or printed name of registered age	nt and title if applicable	(NOTE: Registered	Agont signature r	required when	renstating)			DAŤI			
									Deve			
	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CI	HANGES	TO OFFI		ND DIRE	CTO	RS IN 12
II LE	P	ND DIRECTORS	1. 1 1			ADDITIONS/CI	HANGES	TO OFFI		NO DIRE		RS IN 12
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I. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not cualify for the exemption stated in Section 119.07(3)(k), 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:

LULA DEBINATION DE BINTED NAME OF BY AING OFFICER OR DIRECTOR

GEN 2/02/96

941-665-2400