

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

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**Mar 19 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 # J94622 (4)**  
1. Corporation Name  
**SOUTHERN ROAD BUILDERS OF POLK COUNTY, INC.**



Principal Place of Business: **2840 SECURITY LANE LAKELAND FL 33803 US**  
Mailing Address: **2840 SECURITY LANE LAKELAND FL 33803-7333 US**

3. Date Incorporated or Qualified: **10/01/1987**  
3a. Date of Last Report: **02/27/1996**  
4. FEI Number: **65-0005286**  
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 State, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country  
2a. Mailing Address: 26 State, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country  
25 Country

9. Name and Address of Current Registered Agent  
**ROGGEN, KEVIN R.  
2840 SECURITY LANE  
LAKELAND FL 33803**

10. Name and Address of New Registered Agent  
81 Name; 82 Street Address (P.O. Box Number is Not Acceptable); 83; 84 City; 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 obligations of Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
P  
NAME: **ROGGEN, KEVIN R.**  
STREET ADDRESS: **2840 SECURITY LANE**  
CITY-STATE-ZIP: **LAKELAND FL**  
TITLE: **ST**  
NAME: **ROGGEN, DEBRA C.**  
STREET ADDRESS: **2840 SECURITY LANE**  
CITY-STATE-ZIP: **LAKELAND FL**  
[DELETED]  
[DELETED]  
[DELETED]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE; 1.2 NAME; 1.3 STREET ADDRESS; 1.4 CITY-STATE-ZIP  
2.1 TITLE; 2.2 NAME; 2.3 STREET ADDRESS; 2.4 CITY-STATE-ZIP  
3.1 TITLE; 3.2 NAME; 3.3 STREET ADDRESS; 3.4 CITY-STATE-ZIP  
4.1 TITLE; 4.2 NAME; 4.3 STREET ADDRESS; 4.4 CITY-STATE-ZIP  
5.1 TITLE; 5.2 NAME; 5.3 STREET ADDRESS; 5.4 CITY-STATE-ZIP  
6.1 TITLE; 6.2 NAME; 6.3 STREET ADDRESS; 6.4 CITY-STATE-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:** *Debra C. Roggen* *KEVIN R. ROGGEN* **3/10/97** **941-665-2400**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)