FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

ANNUAL REPORT 1996 DOCUMENT # L40381			Sandra B Mortham Secretary of State DIVISION OF CORPORATIONS (O)			ONS				
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	THOMAS J. ROEHRIG CO	OMPANY								
		J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.								
Principal Place of Business Mailing Address								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	/11 41411 41411 B F	41 81811 41811 1891
3710 NEW TAMPA HWY LAKELAND FL 33801 US			3710 NEW TAMPA HWY Lakeland Fl 33801 US							
							3. Date Incorporated or Qualified 01/02/1990	3a. D	ate of Last R 03/14/1	1995
2. Principal Pla	ice of Business	2a. 1	Mailing Address				4. FEI Number 59-2983500		├	Applied For
Suite, Apt. #	, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	Not Applicable 5 Additional Required
City & State		28	Dity & State				Election Campaign Financing Trust Fund Contribution		\$5.0	May Be
[Z _(F) [24]	Country 25	29	Zip	Cour	ntry		8. This corporation has liability for Florida Statutes	intangible		
	9. Name and Address of Curr	rent Registe	red Agent		81	Alexan	10. Name and Address of New I	legistere	d Agent	
BENNE	ETT, BARRY W.					Name				
	COND STREET, SE				B2	Street Addre	ess (P.O. Box Number is Not Acceptal	ole)		
WINTE	R HAVEN FL 33880			-	83					
					84	City			85 Z	ip Code
11. Pursuant te	the provisions of Sections 607.05	i02 and 607	1508 Florida Statute	as the abov		amed corner	ation submits the statement for the pu	F		•
or registere familiar with	or the provisions of Sections 691100 ed agent, or both, in the State of Fl h, and accept the obligations of, S	orida. Such c oction 607.05	change was authorizi 505, Florida Statutes	ed by the co	orpo	oration's board	ation submits this statement for the pu d of directors. I hereby accept the app	rpose oi o ointment	as registered	d agent. I am
SIGNATURE _	antino de la compansión de trata de	12 15012			<u>.</u>					
12.	Signature, typed or printed name of registeres a Of FIGERS /	AND DIRECT		13.	Agord	t signature required	when reinstating) ADDITIONS/CHANGES TO OFF	DATE		ORS IN 12
TIFLE	D THE THOUSAN		DELETE	1 1 TIT	LE	T			☐ Change	Addition
NAME	ROEHRIG, THOMAS J. 6625 WINTERSET GRDN	e ph		1.2 NAI	ME					
STREET ADDRESS	WINTER HAVEN FL	3. NU		1 3 STF	BEE 1	ADDRESS				
CITY ST ZIP THILE		· · · · · · · · · · · · · · · · · · ·	□ DELETE	14 CH 2 1 TH		T - ZiP			Change	- Addison
NAME			Disection	2 2 NAI					☐ CHARIBE	☐ Addition
STREET ADDRESS						ADDRESS				
CHTY+ST+ZIP				2.4 CIT						
THEF			DELETE	3 1 111	LF			7	☐ Change	Addition
NAME				3 2 NAI						
STREET ADDRESS CITY+ST-7/P						ADDRESS				
11:11	· · · · · · · · · · · · · · ·		DELETE	3.4 CIT 4. 1 TIT		1-219			☐ Change	Addition
NAME				4.2 NAI					□ ¢.ia.ige	
STREET ADDRESS						ADDRESS				•
CITY ST-ZIP				4 4 CIT	Y - S	T-2IP				
Trus			DELETE	5 1 717	LE		***************************************		☐ Change	■ Addition
NAME				5 2 NAI						
STREET ADDRESS						ADDRESS				
CITY - ST - ZIP TITLE			DELETE	5 4 CIT 6 1 TIT		1-2IP			Chanca	- Addition
NAME			C been	6 2 NAI					☐ Change	Addition
STHEFT ADDRESS						ADDRESS				

14. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Fiorida Statutes. I further certify that the information indicated on this annual report or supplemental angual report is true and accurate and that my signature shall have the same legal effect as if made under cathy that I am an officer or director of this corporation or the receiver or thingse empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 it chapted, or on an all anchorest with an address.

63 STREET ADDRESS 6 4 CITY - ST - ZIP

SIGNATURE:

The Marke of Signing Officer OR DIRECTOR

1-18-96 813-683-4292