

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L65585 (6)

1. Corporation Name

JOE ROTH CONSTRUCTION INC.



Principal Place of Business

1185 N. PAUL DRIVE
#B
INVERNESS FL 34453
US

Mailing Address

1185 N. PAUL DRIVE
#B
INVERNESS FL 34453
US

2. Principal Place of Business

2a. Mailing Address

21 594 W. LIGHTWOOD ST.

26 P.O. Box 387

(Suite, Apt. #, etc.)

Suite, Apt. #, etc.

22 ~~INVERNESS FL~~
23 CITRUS SPRINGS FL

27
28 HOLDER FL

24 34434

25 CITRUS

29 34445-0387

30 CITRUS

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
04/12/1990

3a. Date of Last Report
04/03/1995

4. FEI Number
59-3006001

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

10. Name and Address of New Registered Agent

ROTH, JOSEPH R.
1185 N. PAUL DRIVE
#B
INVERNESS FL 34450

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 594 W. ~~INVERNESS~~ LIGHTWOOD ST.

84 City

CITRUS SPRINGS

FL

85 Zip Code
34434

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 terminating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME ROTH, JOSEPH R.
STREET ADDRESS 1185 N PAUL DR #B
CITY-ST-ZIP INVERNESS FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 02, 1996 (35a) 489-4122

CR2E034 (12/95)