

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90048 010 ***150.00

DOCUMENT # L71622

1. Corporation Name

WILLIAM ROESE ENTERPRISES, INC. N/K/A
WESTMONT HOMES, INC.

Principal Place of Business

935 W. HARVARD STREET
ORLANDO FL 32804

Mailing Address

935 W. HARVARD STREET
ORLANDO FL 32804

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/07/1990

4. FEI Number

59-3006645

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 1403 W. PRINCETON ST

2a. Mailing Address

26 PO Box 541585

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 ORLANDO, FL

City & State

28 ORLANDO, FL

Zip

Country

24 32804

25 USA

Zip

Country

29 32804

30 USA

9. Name and Address of Current Registered Agent

ROESE, WILLIAM
935 W HARVARD ST
ORLANDO FL 32804

10. Name and Address of New Registered Agent

81 Name CURT ROESE

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

83 1403 W. PRINCETON ST

84 City ORLANDO

FL

85 Zip Code 32804

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

Curt Roese, CURT ROESE VP

2-17-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME ROESE, WILLIAM
STREET ADDRESS 935 W. HARVARD STREET
CITY-ST-ZIP ORLANDO FL
☒ DELETE

TITLE D
NAME ROESE, CURT
STREET ADDRESS 3874 CALIBRE BEND LN SUITE 911
CITY-ST-ZIP WINTER PARK FL 32792
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
☐ Change ☐ Addition

2.1 TITLE VP
2.2 NAME
2.3 STREET ADDRESS 1403 W. PRINCETON ST
2.4 CITY-ST-ZIP Orlando, FL 32804
☒ Change ☐ Addition

3.1 TITLE P
3.2 NAME JAMES W. RAHMAN
3.3 STREET ADDRESS 16501 BAY CLUB DRIVE
3.4 CITY-ST-ZIP CIERMONT, FL 34711
☐ Change ☒ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

14. I 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, with all other like empowered.

SIGNATURE:

CURT ROESE VP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-99

Date

2-17-99

Daytime Phone #

CR2E034 (1/98)