

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

DOCUMENT # L92805

1. Corporation Name

THE ZEROLL CO.

Principal Place of Business

3405 INDUSTRIAL 31ST ST
P.O. BOX 999
FORT PIERCE FL 34946
US

Mailing Address

PO BOX 999
P.O. BOX 999
FT. PIERCE FL 34954
US

2. Principal Place of Business

21 3405 INDUSTRIAL 31ST ST

2a. Mailing Address

25 P.O. BOX 999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 FT. PIERCE, FL

City & State

28 FT. PIERCE, FL

Zip Country

24 34946 25 USA

Zip Country

29 34954 30 USA

9. Name and Address of Current Registered Agent

FUNKA, T.M.
3405 31ST INDUSTRIAL STREET
FT. PIERCE FL 34946

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/13/1990

4. FEI Number

34-1022256

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

10. Name and Address of New Registered Agent

81 Name

LENNY VAN VALKENBURG

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

3405 INDUSTRIAL 31ST STREET

83

84 City

FT. PIERCE,

FL

85 Zip Code
34946

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

LENNY VAN VALKENBURG

1-26-99

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 ☐ DELETE

NAME PD
FUNK, T.M.
STREET ADDRESS 3405 31ST INDUSTRIAL ST.
CITY-ST-ZIP FT. PIERCE FL

TITLE ☐ DELETE

NAME GM
VAN VALKENBURG, LENNY
STREET ADDRESS 3405 31ST INDUSTRIAL ST
CITY-ST-ZIP FORT PIERCE FL 34946

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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:

LENNY VAN VALKENBURG

1/26/99

561-461-3811

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)

0517367

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90076 033 ***150.00

