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Mar 11, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # M86618

1. Corporation Name

ROSS & SONS CONSTRUCTION, INC.

Principal Place of Business

RT 3 BOX 98 710 SW 170 STREET
NEWBERRY FL 32669

Mailing Address

RT 3 BOX 98 710 SW 170 STREET
NEWBERRY FL 32669

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/23/1988

4. FEI Number

59-2901137

Applied For

-Not Applicable-

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

ROSS, TONYA M
ACCOUNTING DEPARTMENT
3300 WILLISTON ROAD
GAINESVILLE FL 32608

10. Name and Address of New Registered Agent

81 Name

Tonya M. Ross

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

Underwriting FL-01-09

83

3300 Williston Road

84

Gainesville

FL

85 Zip Code

32608

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

Tonya M. Ross

Tonya M. Ross

3/9/99

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
ROSS, ROGER J.
STREET ADDRESS
710 SW 170 ST.
CITY-ST-ZIP
NEWBERRY FL

TITLE ☐ DELETE

NAME
VD
ROSS, MARK D.
STREET ADDRESS
2112 SW 266 STREET
CITY-ST-ZIP
NEWBERRY FL

TITLE ☐ DELETE

NAME
TS
ROSS, JUDY D.
STREET ADDRESS
710 SW 170 STREET
CITY-ST-ZIP
NEWBERRY FL

TITLE ☐ DELETE

NAME
VD
ROSS, TIM A
STREET ADDRESS
710 SW 170 STREET
CITY-ST-ZIP
NEWBERRY FL

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

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 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:

Judy D. Ross

Judy D. Ross

3/9/99

(352) 472-4124

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E034 (11/98)

0066450