

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 08 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P93000019274 (8)

1. Corporation Name  
ROLL-A-WAY, INC.

Principal Place of Business  
10801 OAK STREET N.E.  
ST. PETERSBURG FL 33716

Mailing Address  
10801 OAK STREET N.E.  
ST. PETERSBURG FL 33716



DO NOT WRITE IN THIS SPACE

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br>03/15/1993  | 3a. Date of Last Report<br>04/30/1996                  |
| 4. FEI Number<br>59-3181371  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>   | \$8.75 Additional<br>Fee Required                      |
| 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/>  | \$5.00 May Be<br>Added to Fees                         |
| 8. This corporation owes or has paid the current year Intangible<br>Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |

|  |   |
|--|---|
| 2. Principal Place of Business<br>21<br>Suite, Apt. #, etc.<br>22<br>City & State<br>23<br>Zip<br>24 | 2a. Mailing Address<br>26<br>Suite, Apt. #, etc.<br>27<br>City & State<br>28<br>Zip<br>29 |
|--|---|

9. Name and Address of Current Registered Agent

ANDERSON, HERBERT  
10801 OAK STREET N.E.  
ST. PETERSBURG FL 33716

10. Name and Address of New Registered Agent

|   |
|---|
| 81 Name<br>John Coffill   |
| 82 Street Address (P.O. Box Number is Not Acceptable)<br>7439 East Hillsborough |
| 83  |
| 84 City<br>Tampa  |
| 85 Zip Code<br>FL 33610   |

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: *[Signature]* (NOTE: Registered Agent signature required when reinstalling) DATE: \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS             |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|--|--|---|--|
| TITLE<br>D                             | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE<br>Director                                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME<br>ANDERSON, HERBERT              |  | 1.2 NAME<br>Don Valverde                              |  |
| STREET ADDRESS<br>10801 OAK STREET NE  |  | 1.3 STREET ADDRESS<br>7439 East Hillsborough Ave.     |  |
| CITY-ST-ZIP<br>ST. PETERSBURG FL 33716 |  | 1.4 CITY-ST-ZIP<br>Tampa, FL 33610                    |  |
| TITLE<br>D                             | <input checked="" type="checkbox"/> DELETE | 2.1 TITLE<br>President                                | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME<br>ANDERSON, ELIZABETH O          |  | 2.2 NAME<br>John Coffill                              |  |
| STREET ADDRESS<br>10801 OAK STREET NE  |  | 2.3 STREET ADDRESS<br>10601 Oak Street, NE            |  |
| CITY-ST-ZIP<br>ST. PETERSBURG FL 33716 |  | 2.4 CITY-ST-ZIP<br>St. Petersburg, FL 33716           |  |
| TITLE<br>D                             | <input type="checkbox"/> DELETE            | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME<br>CONLEN, LYNN S                 |  | 3.2 NAME  |  |
| STREET ADDRESS<br>10801 OAK STREET NE  |  | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP<br>ST. PETERSBURG FL 33716 |  | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                                  | <input type="checkbox"/> DELETE            | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                                   |  | 4.2 NAME  |  |
| STREET ADDRESS                         |  | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                            |  | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                                  | <input type="checkbox"/> DELETE            | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                                   |  | 5.2 NAME  |  |
| STREET ADDRESS                         |  | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                            |  | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                                  | <input type="checkbox"/> DELETE            | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                                   |  | 6.2 NAME  |  |
| STREET ADDRESS                         |  | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                            |  | 6.4 CITY-ST-ZIP                                       |  |

14. I do 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.

SIGNATURE:

*[Signature]*

JOHN COFFILL

8/8/97

813-576-1143

CR2E034 (4/97)