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May 13 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000081487 (9)

1. Corporation Name
W. B. ROSS, INC.



Principal Place of Business
1362 HUFFMAN RD
PORT ST. LUCIE FL 34952
US

Mailing Address
P.O. BOX 7037
PORT ST. LUCIE FL 34985-7037
US

2. Principal Place of Business
21 392 NE CULLMAN CT
Suite, Apt. #, etc.

2a. Mailing Address
26 P.O. Box 32384
Suite, Apt. #, etc.

22 City & State
23 Port St Lucie FL
24 Zip 34983 25 Country USA

27 City & State
28 Louisville, KY
29 Zip 40231 30 Country USA

3. Date Incorporated or Qualified 11/19/1993
3a. Date of Last Report 05/01/1996
4. FEI Number 65-0452420
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

9. Name and Address of Current Registered Agent

ROSS, WILLIAM B
1362 HUFFMAN ROAD
PORT ST. LUCIE FL 34952

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 392 NE CULLMAN CT
84 City Port St Lucie FL 85 Zip Code 34983

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, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS
TITLE PSTD ☐ DELETE
NAME ROSS, WILLIAM B
STREET ADDRESS 1362 HUFFMAN ROAD
CITY-ST-ZIP PORT ST LUCIE FL
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
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE PSTD ☒ Change ☐ Addition
1.2 NAME ROSS, WILLIAM B
1.3 STREET ADDRESS 392 NE CULLMAN CT
1.4 CITY-ST-ZIP PORT ST LUCIE FL 34983
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 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: William B Ross
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-97 502 899-3789
Date Daytime Phone #

CR2E034 (9/96)