FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

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· Composition	MENT # P940 ROE INTERIORS, INC.	000001153 (3)			100 M	
Principal Place	of Business	Mailing Address				BEKAL BOAR BOARD HEBBY NEED A	
608 SUNSET DR. BRANDON FL 33511		606 SUNSET DR. BRANDON FL 33511	608 SUNSET DR.				
					3. Date Incorporated or Qualified 01/01/1994	3a. Date of Last Rep 02/06/1995	-
2. Principa' Pla	ace of Business	2a. Mailing Address			4. FEI Number	<u> </u>	oplied F o r
[21] Suite, Apt. #	# etc	Suite, Apt. #, etc.			59-3216517		ot Applicable
[22]		27			5. Certificate of Status Desired	□ \$8.75 / Fee Re	
City & State 23		City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	
Zip 24	Country 25	Zip 29	Countr 30	у	8. This corporation has liability for Florida Statutes Yes	intangible tax under s 1	99.032,
·	9. Name and Address of Co	urrent Registered Agent			10. Name and Address of New F	legistered Agent	
			81	Name			
BEAM-RUCKER, MILDRED		82	Street Add	ess (P.O. Box Number is Not Acceptable)			
	T KENNEDY BLVD.		83	<u> </u>			
SUITE 14							
TAMPA FL 33602		84	City		FI 85 Zip (Code	
or registere familiar wit SiGNATURE	ed agent, or both, in the State of	Horida: Such change was authorized on 607.0505, Florida Statutes	ed by the con	poration's boa	ration submits this statement for the purific of directors. I hereby accept the appoint of the reinstating?	ointment as registered a	gent. I am
12.		S AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF		S IN 12
Til.f	D	☐ DELETE	1.17116			☐ Change	☐ Addition
NAME Carrier Assesses	ROE, DAVID 608 SUNSET DR.		1.2 NAME	7.40000.00			
STREET ADDRESS CITY+SE-ZIP	BRANDON FL 33511		1.3 STHEE 1.4 CHY-	T ADURESS			
Tillef	DI PRINCIPI I L. GOOTT	DELETE	2 1 TIFLE			Change	Addition
NAME			2.2 h :ME				
STHEET ADDRESS			2 3 5 REE	F ADURESS			
CHY-ST-ZIP				S1 - Z)P			
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CHY+S1+ZIP TILE		DELETE	540 Y-	ST-ZIP		☐ Change	Addition
NAM:			6.2 NAME			Onange	T VOOIION
SERE-1 ADDRESS				T ADDRESS			
City-ST-7P			64 CTY				
	y certify that the information supp	nled with this filing is voluntarily fur-			for the exemption stated in Section 119.	.07(3)(k), Florida Statutes	i. 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 early, 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 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daylo E. Rob

Dute

Daylo E. Rob

Dute

Degrine Proce 1 2/2/94 (813) 684-8313