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Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90039 042 ***150.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P94000028648

1. Corporation Name

AMERICAN ROOTER, INC.

Principal Place of Business

5008 W LINEBAUGH AVENUE
SUITE 32
TAMPA FL 33624
US

Mailing Address

5008 W LINEBAUGH AVENUE
SUITE 32
TAMPA FL 33624
US

2. Principal Place of Business

21 6019 Jarvis St.
Suite, Apt. #, etc.

22

City & State

23 Tampa, FL

Zip

24 33634

Country

25 U.S.A.

2a. Mailing Address

26 6019 Jarvis St.
Suite, Apt. #, etc.

27

City & State

28 Tampa, FL

Zip

29 33634

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

PHELPS, MARK E
5008 W LINEBAUGH AVENUE
SUITE 17
TAMPA FL 33624

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/13/1994

4. FEI Number

59-3229390

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.

☐

No

10. Name and Address of New Registered Agent

81 Name

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

6019 Jarvis Street

83

84 City

Tampa

FL

85 Zip Code

33634

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

Mark E. Phelps

1/6/99

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 P ☐ DELETE

NAME PHELPS, MARK
STREET ADDRESS 12405 CARDIFF DR
CITY-ST-ZIP TAMPA FL

TITLE S ☐ DELETE

NAME PHELPS, SHARON
STREET ADDRESS 12405 CARDIFF DR
CITY-ST-ZIP TAMPA 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

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:

Mark E. Phelps

1/6/99

813-963-3670

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)