FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name	P95000030306
ROLL-MASTERS, INC	,

Principal Place of Business

Mailing Address

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90215 045 ***150.00



3484-B E HARTLEY CT 3484-B E HARTLEY CT HERNANDO FL 34442 HERNANDO FL 34442		DO NOT WRITE IN THIS SPACE					
	· ·			3. Date Incorporated or Qualifed 04/13/1995			
2. Prine	cipal Place of Business	2a. Mailing Address		4. FEI Number	Applied For		
21		. 26		59-3313597	Not Applicable		
	e, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
	& State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country		untry	This corporation owes the current year I Personal Property Tax.	ntangible ☑ Yes □ No		
24 25 29 30 9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent				
SCOTT BURD			82 Street Addres	hn Eichler ss (P.O. Box Number is Not Acceptable) 06 Colby St.			
HERNANDO FL 34442		83					
·			Inverness, FL S5 Zip Code 34453				
11. Pu offi	ce or registered agent, or both, in the St	0502 and 607.1508, Florida Statutes, the state of Florida. Such change was authorize	d by the corporation	ration submits this statement for the purpose is board of directors. I hereby accept the app	of changing its registered cointment as registered		

NAME EICHLER, JOHN 12 NAME 1.3 STREET ADDRESS 2306 COLBY STREET 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	agent. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.										
TITLE PD DELETE 1.1TITLE PD DELETE PD DELETE 1.1TITLE PD DELETE PD DEL	SIGNATURE Signature, typed or crinted name of fegistered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) VAIVE VAIVE										
INITE FOR STREET ADDRESS 12 NAME 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 14 CITY-ST-ZIP 14 CITY-ST-ZIP 15 CITY		OFFICERS AND DIRECTORS		13.	ADDITIONS/CHA	NGES TO OFFICERS					
STREET ADDRESS 2306 COLBY STREET	TITLE	PD	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition			
STREET ADDRESS 2306 COLBY STREET	NAME	EICHLER, JOHN		1.2 NAME				}			
TITLE	STREET ADDRESS	2306 COLBY STREET		1.3 STREET ADDRESS							
NAME BURD, SCOTT 22 NAME 23 STREET ADDRESS CITY-ST-ZIP HERANDO FL 24 CITY-ST-ZIP HERANDO FL 25 STREET ADDRESS 25 STREET ADDRES	CITY-ST-ZIP	INVERNESS FL		1.4 CITY-ST-ZIP							
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CITY-ST-ZIP	NAME	BURD, SCOTT		2.2 NAME							
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STREET ADDRESS	NAME			6.2 NAME							
C 4 OTD / ST 7/D	STREET ADDRESS	•		6.3 STREET ADDRESS							
CITY-ST-ZIP 0.4 CH 1-51-ZIP 1.5 Charles 1.6 charles 1.	CITY-ST-ZIP			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 13 if changed, or on an attachment with an address, with all other like empowered.