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

**PROFIT** CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

☐ Change

3/4/96 813-869-8236

☐ Addition

DOCUMENT #

Principal Place of Business

NAME

STREET ADDRESS

appears in Block 12 or Block 13 if changed, or on an attachment with an address

City - \$1 - ZiP

P95000031627 (9)

Mailing Address

ROTO-PERF, INC.

1531 OLD DAYTONA COURT 1531 OLD DAYTONA COURT DELAND FL 32724 DELAND FL 32724 3. Date Incorporated or Qualified 3a. Date of Last Report 04/17/1995 2. Principal Place of Business 4, FEI Number 2a. Mailing Address Applied For 18831-C SAKERA RD 18831-C SAKERA RD 59-33/2060 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be HUDSON, I 28 HUDSON, FL Trust Fund Contribution Added to Fees Country Country 8. This corporation has flability for intangible tax under s 199.032, 25 PASCO 34667 30 29 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent ZIELINSKI, MARGARET 1531 OLD DAYTONA COURT DELAND FL 32724 83 84 City HUDSON 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, types or protect name of registered agent and the it augmentile. (NOTE: Registered Agent signature required when reinstating) 12/95) 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Table DELETE 1.1 TITLE PRESIDENT Change Addition ZIELINSKI, MARGARET NAME MARGARET ZIELINSKI 1.2 NAME 4640 NORTH US HIGHWAY 17 STREET ADDRESS 18831 & SAKERA LO 18230 OAK WAY DRIVE 1.3 STREET ADORESS **DELEON SPRINGS FL 32130** CITY-ST Zif HUDSON, FL 34667 VICE-PRESIDENT 1.4 CITY - ST - ZIP TITLE DELETE 2 1 TITLE Change X Addition GARY YOUNT NAME 22 NAME 18607 OAK WAY DEIVE STREET ADDRESS 2.3 STREET ADDRESS CITY ST ZIP 24 CHTY - ST - ZIP HUDSON, FL 34667 100 E DELETE 3 1 TITLE [ ] Change ☐ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STHEET ADDRESS CHY-SI-ZIP 3 4 CITY-ST-ZIP TITLE DELETE 4 1 TULE ☐ Addition ☐ Change NAME 4.2 NAME STRUET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4 4 CITY - ST - ZIP THUE DELETE 5. 1 TALLE Change Addition NAMI 5.2 NAME STREE! ADDRESS 53 STREET ADDRESS 011Y S1-7IP 5.4 CITY - \$1 - 2IP 1016 DELETE

6 1 THILE

6.2 NAME

LINE OF BIGNING OFFICER OR DIRECTOR

63 STREET ADDRESS

6.4 DiTY-St-7iP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 outri, 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