PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600001936

1. Corporation Name

ROORDA & ASSOCIATES, INC.

Principal Place of Business	Mailing Address	
29 BANYAN DRIVE OCALA FL 34472	29 BANYAN DRIVE OCALA FL 34472	

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90111 009 ***150.00



29 BANYAN DR OCALA FL 3447		29 BANYAN DRIVE OCALA FL 34472				DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed	E			
-	الراكارين البياء اليمنيون أأأا الراءها فيدا اليام المامية مصيبيات	رمچمان ونيد داد.				- 01/02/1996	٠.			
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Ap	plied For			
21		26				59-3361956	No	t Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				LE Codifosto of Status Desired		Additional quired		
City & State	3 .	City & State				1 - 1		May Be o Fees		
Zip 24	Country 25	Zip Country				8. This corporation owes the current year Intangible Personal Property Tax. ☐ No				
	9. Name and Address of Current	Registered Agent		. 1		10. Name and Address of New Registered Agent				
DO.	DDA DICHADD I		8	1	Name					
ROORDA, RICHARD L 29 BANYAN DRIVE			8		Street Addre	ress (P.O. Box Number is Not Acceptable)				
UCA	LA FL 34472		8	3						
				-	City	FL 85				
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						when reinstation) DATE				
	Signature, typed or printed name of registered agent OFFICERS AND		Registered Ag	gent s	signature required	ADDITIONS/CHANGES TO OFFICERS AND DIR	ECTO	RS IN 12		
12.	D OFFICERS AND	DELETE	1,1 TITLE	=			hange	Addition		
NAME			1.2 NAM							
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP			1.4 CITY							
TITLE			2.1 TITLE				hange	Addition		
NAME	1 ⁻		2.2 NAM	E				1		
- STREET ADDRESS			2.3 STRE	ETA	ADORESS	يته المهملومية إنسيار الأال الأدمو الموارقيسية سيباريها	-e 2·	~ : ·		
CITY-ST-ZIP	OCALA FL 34472 2.40			/-\$T-	-ZIP					
TITLE	D	☐ DELETE	3.1 TTTLE	E			hange	☐ Addition \		
NAME	ROORDA, STEPHEN P		3.2 NAMI	E						
STREET ADDRESS	29 BANYAN DRIVE		3.3 STRE	ETA	ADDRESS					
CITY-ST-ZIP			3.4. CITY		-ZIP					
TITLE	☐ DELETE 4.11		4.1 TITLE			Пc	hange	☐ Addition		
NAME			4. 2 NAM	Æ						
STREET ADDRESS			i i		ADDRESS			}		
CITY-ST-ZIP			4.4 CITY		ZIP		hange	☐ Addition		
TITLE			5.1 TITLE				nanye			
NAME			5.2 NAM		ADDDEEC					
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP		O BELETE	5.4 CITY 6.1 TITLE		-2112	ПС	hange	Addition		
TITLE		☐ DELETE	1			[]	, iai iye			
NAME			6.2 NAM		ADDDECC					
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP			6.4 CITY	-ST-	-ДР					

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.