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**PROFIT
CORPORATION
ANNUAL REPORT
1997**



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

FILED
Jan 29 1997 8:00am
Secretary of State

DOCUMENT # P96000045629 (8)

1. Corporation Name
ROAN ENTERPRISES, INC.

Principal Place of Business

**6220 PEACOCK RUN
LAKELAND FL 33809**

Mailing Address

**6220 PEACOCK RUN
LAKELAND FL 33809-4618**

3. Date incorporated or Qualified

05/23/1996

3a. Date of Last Report

2. Principal Place of Business

21 6918 U.S. HWY. 98 N
Suite, Apt. #, etc.

2a. Mailing Address

26 6918 U.S. HWY. 98 N
Suite, Apt. #, etc.

4. FEI Number

593384532

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

22 City & State

23 LAKELAND, FL.

27 City & State

28 LAKELAND, FL.

24 Zip

33810

Country

25 USA

29 Zip

33810

Country

30 USA

9. Name and Address of Current Registered Agent

**BACON, ROGER E
6220 PEACOCK RUN
LAKELAND FL 33809**

10. Name and Address of New Registered Agent

81 Name

**82 Street Address (P.O. Box Number is Not Acceptable)
2127 W. DAUGHTERY RD.**

83

84 City

LAKELAND

FL

85 Zip Code
33810

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

R. E. Bacon

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

1-22-97

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **BACON, ROGER E**
STREET ADDRESS **48 ST HUGH'S AVE**
CITY-ST-ZIP **CLEETHORPES LINC'S DN358EB UK**

TITLE **D** ☐ DELETE

NAME **BACON, ANGLEINE D**
STREET ADDRESS **48 ST HUGH'S AVE**
CITY-ST-ZIP **CLEETHORPES LINC'S DN358EB UK**

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 do 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.

SIGNATURE:

R. E. Bacon

ROGER E. BACON

1-22-97 (941) 853-4175

CR2E034 (9/96)