## 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 # **P97000061129**1. Corporation Name

ROAMER LOGISTICS, INC.

Principa	al Place of	Business
2508 S.	CARNEGIE	DR.

2. Principal Place of Business

INVERNESS FL 34450

Mailing Address

2508 S. CARNEGIE DR. INVERNESS FL 34450

2a. Mailing Address

26

## **FILED** Jan 22, 1999 8:00am **Secretary of State**

01-22-1999 90073 013 \*\*\*150.00



Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualifed

07/15/1997 4. FEI Number

59-3460016

Scrip	Zip Code
City & State	May Be ded to Fees  No Zip Code
City & State    City & State	ded to Fees  No  No  Zip Code
Zip Country Zip Country Sip Sip Country Sip Salter Agent Solid Statutes, the above-named corporation submits this statement for the purpose of changing 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  SIGNATURE  SIG	XNo  Zip Code  ig its registered
Zip Country   Zip   Country   S. This corporation owes the current year Intangible Personal Property Tax.   Yes   Yes    9. Name and Address of Current Registered Agent   10. Name and Address of New Registered Agent    SALTER, JANET E   81   Name    SALTER, JANET E   82   Street Address (P.O. Box Number is Not Acceptable)    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 office for registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors.   hereby accept the appointment agent.   am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE   Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE    12.   OFFICERS AND DIRECTORS   13.   ADDITIONS/CHANGES TO OFFICERS AND DIRE   Chick Saltery	Zip Code
9. Name and Address of Current Registered Agent  9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  81 Name  SALTER, JANET E.  2508 S. CARNEGIE DR.  INVERNESS FL 34450  82 Street Address (P.O. Box Number is Not Acceptable)  83	Zip Code
9. Name and Address of Current Registered Agent  SALTER, JANET E  SALTER, JANET E  12508 S. CARNEGIE DR.  INVERNESS FL 34450  82 Street Address (P.O. Box Number is Not Acceptable)  83   44 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE  PD  DELETE  1.1 TITLE  NAME  SALTER, STEPHEN M  SIRRETADDRESS  2508 S CARNEGIE DR  1.3 STREET ADDRESS  CITY-ST-ZIP  INVERNESS FL 34450  14 CITY-ST-ZIP	Zip Code
SALTER, JANET E  2508 S. CARNEGIE DR. INVERNESS FL 34450  82 Street Address (P.O. Box Number is Not Acceptable)  83   84 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 changir 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature. Signature. Signature. Signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE  PD  SALTER, STEPHEN M  12. NAME  STREET ADDRESS  CITY-ST-ZIP  INVERNESS FL 34450  14. City-ST-ZIP  INVERNESS FL 34450	Zip Code
INVERNESS FL 34450  84 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE  PD  DELETE  1.1 TITLE  NAME  SALTER, STEPHEN M  STREET ADDRESS  CITY-ST-ZIP  INVERNESS FL 34450  STERET ADDRESS  CITY-ST-ZIP  INVERNESS FL 34450	Zip Code
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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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  12. OFFICERS AND DIRECTORS  TITLE  PD  DELETE  1.1 TITLE  NAME  SALTER, STEPHEN M  STREET ADDRESS  CITY-ST-ZIP  INVERNESS FL 34450  INVERNESS FL 34450	Zip Code
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SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  OFFICERS AND DIRECTORS  TITLE  NAME  SALTER, STEPHEN M  STREET ADDRESS  CITY-ST-ZIP  OFFICERS FL 34450  Statute of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment of agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  1.1 TITLE  Change of the corporation's board of directors. Thereby accept the appointment of agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  1.1 TITLE  SALTER, STEPHEN M  STREET ADDRESS  CITY-ST-ZIP  INVERNESS FL 34450	ig its registered as registered
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  OFFICERS AND DIRECTORS  TITLE  NAME  SALTER, STEPHEN M  STREET ADDRESS  CITY-ST-ZIP  OFFICERS FL 34450  Statute of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment of agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  1.1 TITLE  Change of the corporation's board of directors. Thereby accept the appointment of agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  1.1 TITLE  SALTER, STEPHEN M  STREET ADDRESS  CITY-ST-ZIP  INVERNESS FL 34450	as registered
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  TITLE  PD  DELETE  1.1 TITLE  NAME  SALTER, STEPHEN M  STREET ADDRESS  2508 S CARNEGIE DR  1.3 STREET ADDRESS  CITY-ST-ZIP  INVERNESS FL 34450  1.4 CITY-ST-ZIP	1
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12. OFFICERS AND DIRECTORS  TITLE  PD  DELETE  NAME  SALTER, STEPHEN M  STREET ADDRESS  CITY-ST-ZIP  INVERNESS FL 34450  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11.1 TITLE  12. NAME  12. NAME  13. STREET ADDRESS  13. STREET ADDRESS  14. CITY-ST-ZIP  14. CITY-ST-ZIP	
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STREET ADDRESS (AS)	
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	

indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same regal effect as it 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.