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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

Principal Place of Business	Mailing Address		
2210 EAGLE PASS ROAD	2210 EAGLE PASS ROAD		

FILED Apr 28 1998 8:00am Secretary of State

1998	DIVISION OF	CONFORMIONS		
	000087611 (4))		
PAM'S RODBUSTER SERVICE	8, INC.		İ	
			i tabihini maka larah ana kata atau atau atau atau atau atau ata	di ne (de l a c inò) el e ino) e c i.
Principal Place of Business	Mailing Address	····		
2210 EAGLE PASS ROAD	v	ın.		
OVEIDO FL 32785	2210 EAGLE PASS RO/ OVEIDO FL 32765	10		
			DO NOT WRITE IN THIS	S SPACE
			3. Date Incorporated or Qualified 10/09/1997	
2. Principal Place of Business	2s. Mailing Address		4. FEI Number	Applied For
21	26		59-3409063	Not Applicable
Suite, Apt. #, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	City & State			Fee Required
City & State	28 28 State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip	Country	8. This corporation owes or has paid the c	
24 25	29	30	Personal Property Tax due June 30.	Yes No
9. Name and Address of Co	urrent Registered Agent		10. Name and Address of New Registered	d Agent
gosse, pamela k		81 Name	•	
2210 EAGLE PASS ROAD		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
OVEIDO FL 32765		83		
		84 City	F	85 Zip Code
11. Pursuant to the provisions of Sections 60	7.0502 and 607.1508, Florida Statu	ites, the above-named co		
office or registered agent, or both, in the tagent. I am familiar with and accept the	State of Florida. Such change was obligations of, Section 607.0505, F	authorized by the corpori forida Statutes.	rporation submits this statement for the purpose ation's board of directors. I hereby accept the ap	pointment as registered
SIGNATURE Hamela L.		_Pamela K	. Gosse-President	4/17/98
Signature, typed or profiled name of register 12. OF LICE RS	ed agent and title if applicable (NO S AND DIRECTORS	OTE Registered Agent eignature req	DATE ADDITIONS/CHANGES TO OFFICERS AT	UD DIDECTORS IN 12
TITLE D	DELETE		P/T	change Addition
NAME GOSSE, PAMELA K			osse, Pamela K.	;
STREET ADDRESS 2210 EAGLE PASS ROAL	D		2210 Eagle Pags Road	
CITY-ST-ZIP OVEIDO FL 32765			viedo, FL 32765	
TITLE	☐ DELETE		<i>1/</i> S	Change Addition
NAME STREET COOPERS		2.2 NAME 2.3 STREET ADDRESS 2	Sosse, Roger C. Sr.	
STREET ADDRESS CITY-ST-ZIP			2210 Éaglé Pass Road Ovimo, FL 32765	
TITLE	DELETE	31 TITLE	VIEGO, FD 32703	Change Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CITY-ST-ZIP		
TITLE	☐ DELETE	4.1 TITLE		Change Addition
NAME CASES ADDRESS		4. 2 NAME		
STREET ADDRESS CITY-ST-ZIP		4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE	☐ DELETE	5.1 TITLE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY - ST - ZIP		
TITLE	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
NAME STREET ADDRESS CITY-ST-ZIP		6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP		

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.