## 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 #	P98000097674
Corporation Name	1 0000000101 1

JOHN ROUGHT & SON, INC.

JOHN ROUGHT & SON DESIGNS, INC

## **FILED** Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90137 041 \*\*\*150.00



Principal Place of Business Mailing Address				I 19811881 114 (Britt   Britt   Britt		
1850 NORTH HWY.17-92 1850 NORTH HWY.17-92						
DAVENPORT FL	. 33837	DAVENPORT FL 33837	ENPORT FL 33837			DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed
						11/16/1998
Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For
						59-3545326 Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.				\$8.75 Additional
E						5. Certificate of Status Desired Fee Required
City & State City & State						6. Election Campaign Financing S5.00 May Be
23 28					Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Cor	intry		8. This corporation owes the current year Intangible
24	25	29	30			Personal Property Tax.
	9. Name and Address of Currer	<del></del>				10. Name and Address of New Registered Agent
				81	Name	
CAR	NES, LBAYLIS III			82	Ctt Ad	dropp (D.O. Boy Number in Not Acceptable)
1850	NORTH HWY.17-92			82	Street Ad	dress (P.O. Box Number is Not Acceptable)
DAVE	ENPORT FL 33837			83		
				$\sqcup$		
				84	City	FL 85 Zip Code
44 0		12 and COT 1509 Florida Stat	utor the a		-named co	rporation submits this statement for the purpose of changing its registered
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, F	lorida Stat	utes.	•	tion's board of directors. I hereby accept the appointment as registered
	Signature, typed or printed name of registered age			Agent	signature requ	ired when reinstatung) DATE
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D'	☐ DELETE	☐ DÉLETE 1.1 T			ChangeAuduk
NAME	ONITIES, E.BATEIO III		1.2 N	AME		
STREET ADDRESS	2007 I Date House		1.3 S	TREET	ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL 33884			TY-ST	-ZIP	TO Character Street Control of the C
TITLE	D	☐ DELETE	L 2.1 TI	TLE		☐ Change ☐ Addib
NAME	ROUGHT, ORREN J		AME			
STREET ADDRESS	ADDRESS 6252 VINTER LANE		2.3 5	2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL-33809 2.40		7-SI	r- ZIP		
TITLE	D DELETE 31 Tr		TLE		☐ Change ☐ Addibit	
NAME	ROUGHT, BRIAN K 32N		AME			
STREET ADDRESS	EET ADDRESS 1232 FAIRLEE ST. 335		TREET	ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33813 34.0		ITY-SI	r-ZIP		
TITLE			4.1 TITLE		☐ Change ☐ Addition	
NAME			4.2 N	IAME	Į	
STREET ADDRESS			4.3 \$	TREET	ADDRESS	
CITY-ST-ZIP	•		4.4 C	ITY-ST	-ZIP	
TITLE		☐ DELETE	DELETE 5.1 TI			☐ Change ☐ Addition
NAME			5.2 N	AME	-	
STREET ADDRESS			5.3 S	TREET	ADORESS	
CITY-ST-ZIP			5.4 C	TY-ST	-ZIP	
TITLE		☐ DELETE	6.1 TI	TLE		☐ Change ☐ Addition
NAME			6.2 N	AME		
	विभेद्या से अल्डा		6.3 S	TREET	ADDRESS	
STREET AUDRESS	7.080F 1: W. 11:55		- 1	ITY-ST	j	
		ist at the filter desired				Section 119.07(3)(i). Florida Statutes. I further certify that the information

indicated on this annual report or supplied with this simily does not quality for the exemption stated in Section 19.07(5)(f), Finding states. In other carting that the minimal 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 of the proceiver 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.