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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$14149

111

W.C. R	OLL CONSTRUCTION CO	` '			
Principal Plac	e of Business	Mailing Address		1 1041/1413 131 FREII 91004 11911 DREIU 1161 81041 31	OR BIRH DIVIL DIVIL VIDIL IDE
607 N. WYMORE ROAD 607 N. WYMORE ROAD					
WINTER PAR		WINTER PARK FL 32789	1		
				DO NOT WRITE IN THI	S SPACE
				3. Date Incorporated or Qualified	
2 Principal P	face of Business	2a. Mailing Address		11/20/1990 4. FEI Number	Applied For
21		26		59-3039152	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
⊸ ^{Zip}	Country	Zip	Country	8. This corporation owes or has paid the o	
24	25	29	30		Yes No
	g, Name and Address of Curr	ent Hegistered Agent	81 Name	10. Name and Address of New Registers	d'Agent
	AMAN, MARVIN L., JR		U I IVallie		
605 NORTH WYMORE ROAD			82 Street Ad	Idress (P.O. Box Number is Not Acceptable)	
WINTER PARK FL 32789			83		
			84 City	F	85 Zip Code
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutos, 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	Signature, type d or printed name of registered a	ngent and title if applicable (NO)	If : Registered Agent signature rec	quired when reinstating) DATE	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	DPT	☐ DELETE	11 TITLE		Change
NAME	ROLL, WILLIAM C.		1.2 NAME		3
STREET ADDRESS	1194 N PARK AVE WINTER PARK FL		1.3 STREET ADDRESS		ļ
CITY-ST-ZIP TITLE	WHICH PARK PL	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY - ST - ZIP	,	
TITLE		DELETE	3.1 TITLE	1. j.	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			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4 4 CITY - ST - ZIP		
TITLE		DELETE	51 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		Į
CITY-ST-ZIP	·	C Street	5.4 CITY-ST-ZIP		Change T 14400:
TITLE		DELETE	6.1 TITLE		Change Addition
NAME OTREET APPROVES			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP		w 188 es 155 es 1	6.4 CITY-ST-ZIP	0.00	

Thereby 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 of supplemental innual 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 of trustee empowared 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 ordin hitathroom with an address.

GNATURE:

FILED

May 11 1998 8:00am

Secretary of State