

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

Annual Report
REINSTATEMENT

1996-1997



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

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FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S50190 (5)
1. Corporation Name
THE RO-VAL MANUFACTURING CORP.

Principal Place of Business

Mailing Address

Ro-Val Manufacturing Corp.
5915 Causeway Blvd.
Tampa, FL 33619

SAME

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/02/1991	3a. Date of Last Report 04-26-95
4. FEI Number 59-3066342	Applied For Not Applied
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	

2. Principal Place of Business

2a. Mailing Address

21 Ro-Val Mfg. Corp.

26 Ro-Val Mfg. Corp.

Suite, Apt. #, etc

Suite, Apt. #, etc.

22 5915 Causeway Blvd.

27 5915 Causeway Blvd.

City & State

City & State

23 Tampa FL 33619

28 Tampa, FL

Zip

Country

Zip

Country

24 33619

25 USA

29 33619

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROSS, KAREN V.

5915 Causeway Blvd.
Tampa, FL 33619

81 Name.

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

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 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 typed or printed name of registered agent and filer if applicable.

NOTE: Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	VALENTI, JAMES N.	9730 FOX HOLLOW RD	TAMPA FL
VD	VALENTI, JAMES P.	3823 E. KNOLLWOOD ST	TAMPA FL
VD	VALENTI, SARAH E.	3823 E. KNOLLWOOD ST	TAMPA FL
STD	ROSS, KAREN V.	6406 N. HUBERT ST	TAMPA FL
D	ROSS, EDWARD T.	6406 N. HUBERT ST	TAMPA FL

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
		300002061253--4	-01/17/97--01013--003
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(d), 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 on 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: James N. Valenti, Pres. (James N. Valenti, Pres.) 1-14-97 813-228-4711