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FILED  
Mar 19 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

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



Principal Place of Business  
5915 CAUSEWAY BLVD.  
TAMPA FL 33619

Mailing Address  
5915 CAUSEWAY BLVD.  
TAMPA FL 33619

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/02/1991

4. FEI Number

59-3066342

Applied For  
Not Applicable

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 owes or has paid the current year intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

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 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, 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 DIRECTORS IN 12

TITLE ☐ DELETE

11 TITLE ☐ Change ☐ Addition

NAME PD  
STREET ADDRESS VALENTI, JAMES N.  
CITY-ST-ZIP 9730 FOX HOLLOW RD  
TAMPA FL

12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME VD  
STREET ADDRESS VALENTI, JAMES P.  
CITY-ST-ZIP 3823 E. KNOLLWOOD ST  
TAMPA FL

21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME STD  
STREET ADDRESS ROSS, KAREN V  
CITY-ST-ZIP 1910 REBECCA ROAD  
LUTZ FL 33549

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME VD  
STREET ADDRESS VALENTI, SARAH E  
CITY-ST-ZIP 3823 E. KNOLLWOOD STREET  
TAMPA FL

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS ROSS, EDWARD T.  
CITY-ST-ZIP 1910 REBECCA ROAD  
LUTZ FL 33549

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE ☐ DELETE

61 TITLE ☐ Change ☐ Addition

NAME

62 NAME

STREET ADDRESS

63 STREET ADDRESS

CITY-ST-ZIP

64 CITY-ST-ZIP

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 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 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.

SIGNATURE:

Karen V. Ross

3-11-98 (503) 628-4711

CR2E034 (10/97)