

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

FILED  
Feb 24, 1999 8:00 am  
Secretary of State

02-24-1999 90102 013 \*\*\*150.00

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DOCUMENT # V01731

1. Corporation Name

ROTH, EDWARDS & SMITH, P.A.



Principal Place of Business

135 W CENTRAL BLVD  
#800  
ORLANDO FL 32801  
US

Mailing Address

P.O. BOX 3831  
ORLANDO FL 32802

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/19/1991

4. FEI Number

59-3096656

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 800 S. Orlando Ave.

2a. Mailing Address

26 PO Box 945295

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Maitland, FL

27 Maitland FL

City & State

City & State

23 32751 USA

28 32794-5295 USA

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

EDWARDS, JAMES A.  
135 WEST CENTRAL BLVD  
SUITE 800  
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name

Edwards, James A.

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

800 S. Orlando Ave.

83

84 City

Maitland

FL

85 Zip Code

32751

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

TITLE PD ☐ DELETE

NAME ROTH, LARRY M.  
STREET ADDRESS 135 E. CENTRAL BLVD #800  
CITY-ST-ZIP ORLANDO FL

TITLE STD ☐ DELETE

NAME EDWARDS, JAMES A.  
STREET ADDRESS 135 E. CENTRAL BLVD #800  
CITY-ST-ZIP ORLANDO FL

TITLE VD ☐ DELETE

NAME SMITH, JOHN WARD  
STREET ADDRESS 135 E. CENTRAL BLVD #800  
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

PD

Roth, Larry M.  
800 S. Orlando Ave.  
Maitland FL 32751

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

STD

Edwards, James A.  
800 S. Orlando Ave.  
Maitland FL 32751

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

VD

Smith, John Ward  
800 S. Orlando Ave.  
Maitland, FL 32751

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

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-8-99 (407) 599-2266

CR2E034 (11/98)