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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -8 AM 8:46

DOCUMENT # V25796 (6)

1. Corporation Name

ROULETTE CORPORATION

Principal Place of Business

614 US 27 SOUTH
LAKE PLACID FL 33852

Mailing Address

614 US 27 SOUTH
LAKE PLACID FL 33852

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/31/1992

3a. Date of Last Report

01/28/1994

4. FEI Number

59-3131589

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 has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

ROULETTE, J.C.
614 US 27 SOUTH
LAKE PLACID FL 33852

10. Name and Address of New Registered Agent

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

J. C. Roulette

J. C. Roulette

2-1-95

(Signature, typed or printed name of registered agent and title of person(s))

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

ROULETTE, J.C.

STREET ADDRESS

614 US 27 SOUTH

CITY - ST - ZIP

LAKE PLACID FL

TITLE

D

NAME

ROULETTE, BETTY MAE

STREET ADDRESS

614 US 27 SOUTH

CITY - ST - ZIP

LAKE PLACID FL

TITLE

D

NAME

ROULETT, J.B.

STREET ADDRESS

614 US 27 SOUTH

CITY - ST - ZIP

LAKE PLACID FL

TITLE

D

NAME

ROULETT, JUDY

STREET ADDRESS

614 US 27 SOUTH

CITY - ST - ZIP

LAKE PLACID FL

TITLE

President

NAME

Roulette, J.C.

STREET ADDRESS

614 us 27 South L.Placid

CITY - ST - ZIP

TITLE

Asst. Secretary & Treasurer

NAME

Betty Mae Roulette

STREET ADDRESS

614 US 27 South

CITY - ST - ZIP

Lake Placid, FL 33852

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

Secretary

☒ Change ☐ Addition

12 NAME

Donna M. Treat

13 STREET ADDRESS

450 Ohio St.

14 CITY - ST - ZIP

Lake Placid, Florida 33852

21 TITLE

Treasurer

☐ Change ☐ Addition

22 NAME

Robert M. Lussier, Jr

23 STREET ADDRESS

1004 Gardenia St.

24 CITY - ST - ZIP

Lake Placid, FL 33852

31 TITLE

Vice President

☐ Change ☐ Addition

32 NAME

Leonard Worley

33 STREET ADDRESS

16 Belyview Avenue

34 CITY - ST - ZIP

Lake Placid, Florida 33852

41 TITLE

☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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 110.07(3)(k), 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:

J. C. Roulette

J. C. Roulette

2-1-95

813-465-182015

(Signature and typed or printed name of signing officer or director)

(Date)

(Telephone Number)