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Feb 23, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V25796

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

4. FEI Number
59-3131589

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

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

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

NAME
S
TREAT, DONNA M.
STREET ADDRESS
450 OHIO ST.
CITY-ST-ZIP
LAKE PLACID FL

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
AST
ROULETTE, BETTY MAE
STREET ADDRESS
614 US 27 SOUTH
CITY-ST-ZIP
LAKE PLACID FL

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
P
ROULETTE, J.C.
STREET ADDRESS
614 US 27 SOUTH
CITY-ST-ZIP
LAKE PLACID FL

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
D
ROULETT, JUDY
STREET ADDRESS
614 US 27 SOUTH
CITY-ST-ZIP
LAKE PLACID FL

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
T
LUSSIER, JR. R
STREET ADDRESS
1004 GARDENIA ST.
CITY-ST-ZIP
LAKE PLACID FL

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
VP
WORLEY, LEONARD
STREET ADDRESS
16 BELVIEW AVENUE
CITY-ST-ZIP
LAKE PLACID FL

6.1 TITLE ☐ 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 #

CR2E034 (11/98)