FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1998

Principal Place of Business

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

ROUGHT ENTERPRISES, INC.

(2)

Mailing Address

FILED

May 05 1998 8:00am

Secretary of State

813)

9419 HIGHWAY 301 SOUTH RIVERVIEW FL 33569		9419 HIGHWAY 301 SOUTH RIVERVIEW FL 33569				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
						05/04/1992			
	ace of Business	2a. Mailing Address				4. FEI Number		plied For	
21		28				59-3119581		t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75		
22		27					Fee Re	<u> </u>	
City & State		City & State				6. Election Campaign Financing	\$5.00		
23		28 Zin				Trust Fund Contribution	Added		
Zip	Country	Zip	\vdash	untry		8. This corporation owes or has paid the cu			
24	25	29	30	T		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent			
9, Name and Address of Current Registered Agent					Name	10. Name and Address of New Registered	Agent		
GRIFFIN, EILEEN H.				81	Ivanie				
	OAKFIELD DRIVE, SUITE F		82 Stree		Street Addr	ress (P.O. Box Number is Not Acceptable)			
BRA	ANDON FL 33511								
				83					
				84	City		85 Zip (Code	
					,	FL	.		
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 and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE									
Signature, typod or printed name of registered agent and little if applicable (NOTE: I				d Agen	t signature requir	red when reinstating) DATE			
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AN			
TITLE	PD DELETE		117	1 1 TITLE			Change	Addition	
NAME	ROUGHT, KENNETH W		1.2 NAM					1	
STREET ADDRESS	9419 US HWY 201 S		1.3 STR		NDDRESS]	
CITY-ST-ZIP	RIVERVIEW FL		1.4 CITY-ST-ZIP		- ZIP				
TITLE			211	21 TITLE			☐ Change	Addition	
NAME	ROUGHT, DIANE E		2.2 NAME						
STREET ADDRESS	9419 US HWY 301 S			2.3 STREET ADDRESS					
CITY-ST-ZIP	<u>Riverview</u> fl		2.4017		-ZIP			j	
TITLE	TD DELE		3.1 T	TLE			Change	☐ Addition	
NAME	ROUGHT, DIANE E.		3.2 N	AME				ļ	
STREET ADDRESS	9419 HIGHWAY 301 SOUTH		338	TREET A	DORESS			Ì	
CITY-ST-ZIP	RIVERVIEW FL		3.4. 0	ITY-ST	- ZIP				
TITLE		DELETE	4.1 T	TLE			Change	Addition	
NAME			4. 2 N	IAME					
STREET ADDRESS			4.3 S	TRÉET A	ADDRESS				
CITY-ST-ZIP			4.4 C	ITY - ST	- ZIP				
TITLE	1	DELETE	5.1 TI				Change	Addition	
NAME	:		5.2 N	AME			_	ļ	
STREET ADDRESS	• .				DORESS			į	
CITY-ST-ZIP				ITY - ST-				į	
TITLE		DELETE	0.4 0		•"		Channa	Addition	

6.3 STREET ADDRESS

14. Thereby 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 conformation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if thanged, or on an attraction with an address?