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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(0)

DOCTOR ROOTER SUPPLY & SERVICE, INC.

Principal Place of Business RT BOX 8490

Mailing Address

P.O. BOX 548

## 

**FILED** 

Apr 08 1998 8:00am

Secretary of State

	NTKA FL 32177		HOLLIGIEN FE SEI4/		DO NOT WRITE IN THIS SPACE		
US						3. Date Incorporated or Qualified	,
						06/29/1992	
	incipal Place of Busi	ness	26. Mailing Address 26 Rt. 1 Box 8	NON		4, FEI Number	Applied For
Suite, Apt. #, etc.		26 Rt. 1 Boy 8490 Suite, Apl. #, etc.		59-3128612	Not Applicable		
22 Cib. 4 Code			27 3845 Reid 5+		5. Certificate of Status Desired	\$8.75 Additionat Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be		
23			28 Palatka, K	L 37	דדוג	Trust Fund Contribution	Added to Fees
Zip	)	Country	Zip	Country		a. This corporation owes or has paid the cur	rent year Intangible
24		25	29 32177 30	170	Mam	L L	Yes No
g, Name and Address of Current Registered Agent						10. Name and Address of New Registered	Agent
WALL, THOMAS J.				81 Name			
	6007 4TH MA			82	Street Ad	dress (P.O. Box Number is Not Acceptable)	
PALATKA FL 32177				83			
				63			
				84	City	e.	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, typod or printed name of registered agent and title if applicable (NOTE Registered Agent alignature required when reinstalling)  DATE							
12.	Digitality, typic	OFFICERS AND		13.	ik agriada i i	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	P		DELETE	1.1 TITLE		ADDITION OF THE PARTY AND	☐ Change ☐ Addition
NAME		THOMAS J.		1.2 NAME			
STREET	STREET ADDRESS 6007 4TH MANOR EAST			1.3 STREET	ADDRESS		
CITY-S		(A FL		1.4 CITY-S	T-ZIP		
TITLE	STVP		<b>D</b> ELETE	2.1 TITLE			☐ Change ☐ Addition
NAME		LAURA R.		2.2 NAME			
STREET	REET ADDRESS 6007 4TH MANOR EAST			2.3 STREET ADDRESS			
CITY-S	T-ZIP PALATI	(A FL		2. 4 CITY-S	IT-ZIP		
TITLE	ļ		☐ DELETE	3.1 TITLE			Change Addition
NAME				3.2 NAME			
STREET	ADDRESS			3.3 STREET	ADDRESS		
CITY-S	T-ZIP		- Dorigue	3.4. CITY - S	T-ZiP		<u> </u>
TITLE			DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME				4. 2 NAME			
	ADDRESS			4.3 STREET			
CITY-S	T- ZIP		Doregre	4.4 CITY-S	T-ZIP		Chance Ladder
TITLE			☐ DELETE	5.1 TITLE			Change
NAME				5.2 NAME			
	ADDRESS			5.3 STREET	- 1		
CITY-S	1-ZIP		DELETE	5.4 CITY-S	T-ZIP		☐ Change ☐ Addition
			□ veete	6.1 TITLE			The Change The Wood House
NAME				6.2 NAME			
	ADDRESS			6.3 STREET			
CITY-S		o Information avanticed with		6.4 CITY-S	T-ZIP	in Continue 110 07/3V/). Florida Statutos I further on	stife that the information

I hereby certify that the Information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I turther 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 receiptr or frustee 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 or an attractionent with an address: