

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAR -6 AM 9:33

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # V50195 (9)

**1. Corporation Name
RO-MAC SUPPLY COMPANY**

Principal Place of Business

**610 EAST MAIN STREET
LEESBURG FL 34748**

Mailing Address

**610 EAST MAIN STREET
LEESBURG FL 34748**

DO NOT WRITE IN THIS SPACE.

**3. Date Incorporated or Qualified
07/13/1992**

**3a. Date of Last Report
02/09/1994**

**4. FEI Number
59-3164878**

**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. 190.032,
Florida Statutes**

☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

22 City & State

23

Zip

Country

27 City & State

28

Zip

Country

24

25

26

27

28

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROBUCK, IRIS
610 EAST MAIN STREET
LEESBURG FL 34748**

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 in printed name of registered agent and fee if applicable)

(NOTE: Registered Agent signature required when mandating)

DATE

12. OFFICERS AND DIRECTORS

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**P
ROBUCK, IRIS
610 E MAIN ST
LEESBURG FL**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP**

☐ Change ☐ Addition

**21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP**

☐ Change ☐ Addition

**31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP**

☐ Change ☐ Addition

**41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP**

☐ Change ☐ Addition

**51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP**

☐ Change ☐ Addition

**61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP**

☐ Change ☐ Addition

14. I, the undersigned, certify that the information submitted with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information submitted 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. 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:

Iris Robuck

Iris Robuck

02/23/95

(904) 326-3455

SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR

Date

Telephone Number