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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 336613

(5)

I.F. ROOKS & ASSOCIATES INC.

May 11 1998 8:00am Secretary of State

		NOCOINTEO II				<u></u>						
Principal Place of Business			M	Mailing Address					r reales little sille dial filles	alan era tt mil	164 AIAM BIRAL AR	### ##### ############################
106 NW DRANE ST PLANT CITY FL 33566 US			P	106 NW DRANE ST PLANT CITY FL 33566 US					 DO NOT WRIT	FE IN THIS	S SPACE	
			U						3. Date Incorporated or Qualified 10/18/1968			
2. Principal Place of Business				2a. Mailing Address					4, FEI Number			Applied For
21				6					59-1262871		1	lot Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired			Additional Regulred
City & State				City & State				6. Election Campaign Financing		\$5.00	May Be	
23			28					Trust Fund Contribution		Added	to Fees	
Zip	Zip Country			¬ ' —		Country	ntry		8. This corporation owes or has r	oaid the c		
24	25		29	4		0			Personal Property Tax due June 30. Yes No			
		and Address of C	urrent Regis	tered Agent		-			10. Name and Address of New F	tegistere	1 Agent	
	oks, Isaa			81 Na			Name	·				
12208 BASS OAK CT RIVERVIEW FL 33569						82 Street Addre			ss (P.O. Box Number is Not Accepte	able)		
						84	City	 -		FI	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.												its registered s registered
SIGNATURE	<u> </u>	d or pricted caren of tog ste		d - cut Ali	OIF Paris	and Age	<u> </u>		when reinstating)	DATE		
12.	Signaturii, lytie		S AND DIFFE			3.	ili signatur	e required	ADDITIONS/CHANGES TO OFF		JD DIBECTO	RS IN 12
TITLE	I V			DELETE		1.1 TITLE		T	ADDITIONO/OFF AND CONT	OLINO AL	Change	Addition
NAME	ROOKS, CAROLYN			1		1,2 NAME						
STREET ADDRESS						1.3 STREET ADDRESS						
CITY-ST-ZIP	BRANCON EL COCCO					1.4 CITY-ST-ZIP						l
TITLE	STD	<u> </u>		DELETE		1 TITLE	1 1.0	<u> </u>			Change	Addition
NAME	ROOKS	. I F			1	2 NAME]				
STREET ADDRESS	AAAA 411444 AF					2.3 STREET ADDRESS						
CITY-ST-ZIP							2. 4 CITY- ST-ZIP					
TITLE	PD			☐ DELE1E		3.1 TITLE				****	Change	☐ Addition
NAME	ROOKS, ISAAC F. JR					3.2 NAME					•	
STREET ADDRESS	44444 BAGG GAM GE			33			ADDRESS					
CITY-ST-ZIP	DA 4704 2514 E4			3.4. CITY - ST - ZIP								
TITLE	D			☐ DELETE		4.1 TITLE				T	Change	☐ Addition
NAME	ROOKS, EDWARD M					4. 2 NAME						ļ
STREET ADDRESS		IPPAWA AVE.			43	3 STREET	ADDRESS					
City-St-ZWP	741404 F1			44017		4 CITY-SI	- ZIP					
TITLE						1 TITLE		T			Change	Addition
NAME					5.3	2 NAME		1				
STREET ADDRESS					5.3	3 STREET	ADDRESS					,
CITY-ST-ZIP					5.4	CITY-SI	- ZIP					
TITLE	-			DELETE	6.	1 TITLE					Change	Addition
NAME					63	2 NAME		1				j
STREET ADDRESS					6.3	3 STREET	ADDRESS					ļ
CITY-ST-ZIP					6.4	CITY-ST	- ZIP					

14. Thereby certify that the information supplied with this filling 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 frue 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:

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4/30/08 (5/3) 752-2/13