

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 19 PM 12:04

DOCUMENT # 639894

(5)

1. Corporation Name

ROKISA, INC.

Principal Place of Business

Mailing Address

45 S.W. 16TH PLACE
OCALA FL 32671

45 S.W. 16TH PLACE
OCALA FL 32671

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/08/1979

3a. Date of Last Report

04/19/1994

2. Principal Place of Business

2a. Mailing Address

21 1500 SE MAGNOLIA EXT.

26 1500 SE MAGNOLIA EXT.

4. FEI Number

59-1950007

Applied For

Not Applicable

22 Suite, Apt. #, etc.

#103

27 Suite, Apt. #, etc.

#103

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23 City & State

OCALA, FL.

28 City & State

OCALA, FL.

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24 Zip

34471

25 Country

USA

29 Zip

34471

30 Country

USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

RENFROE, SAMUEL L.
45 S.W. 16TH PLACE
OCALA FL 32671

10. Name and Address of New Registered Agent

81 Name

RENFROE, SAMUEL L.

82 Street Address (P.O. Box Number is Not Acceptable)

83

1500 SE MAGNOLIA EXT., #103

84 City

OCALA

85 Zip Code

FL 34471

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 re-registering)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RENFROE, ROBERT R.
STREET ADDRESS	4104 WEST AZEELE ST
CITY, ST, ZIP	TAMPA FL
TITLE	STD
NAME	RENFROE, KIMBERLY E.
STREET ADDRESS	14112 VILLAGE VIEW DR.
CITY, ST, ZIP	TAMPA FL
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

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied 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 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 incorporator authorized to execute this report as required by Chapter 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Signature Number

6/10/95 (812654-0038)