


**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION ANNUAL REPORT 1995



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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

95 MAR 22 PM 3:29

DOCUMENT # 729726 (0)  
1. Corporation Name  
**FLATROC, INC.**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/22/1974  
3a. Date of Last Report: 04/21/1994  
4. FEI Number: 23-7410310  
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  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status:  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  No

Principal Place of Business: 506B MISTLETOE COURT SAFETY HARBOR FL 34695  
Mailing Address: 506B MISTLETOE COURT SAFETY HARBOR FL 34695

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent  
**MOTT, CHARLES, J.**  
**506B MISTLETOE COURT**  
**SAFETY HARBOR FL 34695**

10. Name and Address of Now Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
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 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                |                              |
|----------------|------------------------------|
| TITLE          | PD                           |
| NAME           | MOTT, CHARLES J.             |
| STREET ADDRESS | 506B MISTLETOE COURT         |
| CITY-ST-ZIP    | SAFETY HARBOR FL             |
| TITLE          | VD                           |
| NAME           | NYHUS, JUDITH                |
| STREET ADDRESS | 25 HILLSTEAD RD, STE 3       |
| CITY-ST-ZIP    | CLAREMONT NH                 |
| TITLE          | STD                          |
| NAME           | MOTT, MARYELLEN              |
| STREET ADDRESS | 228 GLEN OAKS AVE, STE G-201 |
| CITY-ST-ZIP    | TEMPLE TERR FL               |
| 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          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    |   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    |   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-ST-ZIP    |   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> 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)(k), 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 receiver or liquidator of the corporation; and that I am not a partner, partner-in-interest, or partner-in-trust in the corporation; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an original copy of this report as required by Chapter 617, Florida Statutes; and that my name

SIGNATURE: *Charles J. Mott*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER  
**Charles J. MOTT**

3/16/95 813/725-3182  
REGISTRAR