

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

**FILED**

**Feb 06 1997 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # F96000005266 (9)**

1. Corporation Name  
**FOSROC, INC.**



Principal Place of Business  
**150 CARLEY COURT  
 GEORGETOWN KY 40324**

Mailing Address  
**150 CARLEY COURT  
 GEORGETOWN KY 40324-9303**

3. Date Incorporated or Qualified <b>10/10/1996</b>	3a. Date of Last Report
4. FEI Number <b>34-1058461</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
24 Zip	25 Country
29 Zip	30 Country

9. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	JAMES, ANTHONY M	
STREET ADDRESS	150 CARLEY COURT	
CITY-ST-ZIP	GEORGETOWN KY 40324	
TITLE	PCEO	<input type="checkbox"/> DELETE
NAME	RODGERS, ANDREW T	
STREET ADDRESS	150 CARLEY COURT	
CITY-ST-ZIP	GEORGETOWN KY 40324	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HARRIS, RORY M	
STREET ADDRESS	150 CARLEY COURT	
CITY-ST-ZIP	GEORGETOWN KY 40324	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PEESO, THOMAS M	
STREET ADDRESS	150 CARLEY COURT	
CITY-ST-ZIP	GEORGETOWN KY 40324	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HALLAM, MARK S	
STREET ADDRESS	150 CARLEY COURT	
CITY-ST-ZIP	GEORGETOWN KY 40324	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ROACHE, GREGORY P	
STREET ADDRESS	150 CARLEY COURT	
CITY-ST-ZIP	GEORGETOWN KY 40324	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Newitt, Ian J	
1.3 STREET ADDRESS	150 Carley Court	
1.4 CITY-ST-ZIP	Georgetown, KY 40324	
2.1 TITLE	S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Holdren, Brenda T	
2.3 STREET ADDRESS	150 Carley Court	
2.4 CITY-ST-ZIP	Georgetown, KY 40324	
3.1 TITLE	Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Yachnin, Robert J	
3.3 STREET ADDRESS	150 Carley Court	
3.4 CITY-ST-ZIP	Georgetown, KY 40324	
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 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 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 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: [Signature] **1-29-97** **502 863 6800**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)