

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

AND FILED

1995



DEPARTMENT OF STATE
OFFICE OF CORPORATIONS
TAMPA, FLORIDA

9:45

STATE
FLORIDA

DOCUMENT # 167064

(5)

ROCKER CORPORATION

3014 W. HORATIO ST
TAMPA FL 33609

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TAMPA FL 33609

DATE OF LAST REPORT

3. Date of registration number: 11/14/1951
3a. Date of last Report: 04/27/1994

2. Filing year	2a. Mailing address	4. FFI Number	Applied For
21	26	59-0841474	Not Applicable
22	27	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of Now Registered Agent	

ROCKER JR, CHARLES L
3014 HORATIO
TAMPA FL 33609

81. Name

82. Street Address (P.O. Box Number, Not Applicable)

83.

84. City

85. Zip Code

FL

11. I, the undersigned, the president of Section 136, 137, and 138 of the Florida Statutes, the above named corporation submit this statement for the purpose of changing its registered office for the purpose of filing in the State of Florida. This change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Full compliance with the provisions of the Florida Statutes.

SIGNATURE OF PRESIDENT OF CORPORATION: _____

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. APPOINTMENTS CHANGES TO OFFICERS AND DIRECTORS IN 1995
PD NAME: ROCKER JR, CHARLES L ADDRESS: 3014 HORATIO ST. TAMPA FL TITLE: PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VD NAME: GODWIN, M E ADDRESS: 3014 HORATIO ST. TAMPA FL TITLE: VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
S NAME: EBBS, SARAH K ADDRESS: 3014 HORATIO ST. TAMPA FL TITLE: S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____ ADDRESS: _____ TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME: _____ ADDRESS: _____ TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____ ADDRESS: _____ TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is accurate, true and correct and that I am qualified for the filing as stated in the Florida Statutes. I further certify that the information included in the annual report or supplemental annual report is true and correct and that my signature shall have the same legal effect as if made under oath. This filing is in compliance with the provisions of the Florida Statutes and that my signature is required by Chapter 136, Florida Statutes, and that my signature is required by the Florida Statutes and that my signature is required by the Florida Statutes.

SIGNATURE: *M E Godwin*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95

872 SSEEZ