

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

FILED  
Apr 25 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **251545** (0)

1. Corporation Name  
**ROC-BOR INC**

Principal Place of Business  
**ROC BOR INC  
400 LEVY ROAD  
ATLANTIC BCH FL 32233**

Mailing Address  
**ROC BOR INC  
400 LEVY ROAD  
ATLANTIC BCH FL 32233-2618**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/25/1961</b>	3a. Date of Last Report <b>04/29/1996</b>
21	Suite, Apt. #, etc.	26	<b>P.O. Box 330508</b>	4. FEI Number <b>59-0941074</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	<b>Atlantic Beach FL</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	<b>32233</b>	30	<b>45</b>
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**FOWLER, L.B.  
400 LEVY ROAD  
ATLANTIC BEACH FL 32233**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FOWLER, R W</b>	1.2 NAME	
STREET ADDRESS	<b>400 LEVY RD</b>	1.3 STREET ADDRESS	
CITY- ST- ZIP	<b>ATLANTIC BEACH FL</b>	1.4 CITY- ST- ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FOWLER, L B</b>	2.2 NAME	
STREET ADDRESS	<b>400 LEVY RD.</b>	2.3 STREET ADDRESS	
CITY- ST- ZIP	<b>ATLANTIC BEACH FL</b>	2.4 CITY- ST- ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FOWLER, CORALINE T</b>	3.2 NAME	
STREET ADDRESS	<b>400 LEVY RD</b>	3.3 STREET ADDRESS	
CITY- ST- ZIP	<b>ATLANTIC BEACH FL</b>	3.4 CITY- ST- ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FOWLER, CORALINE T</b>	4.2 NAME	
STREET ADDRESS	<b>400 LEVY RD</b>	4.3 STREET ADDRESS	
CITY- ST- ZIP	<b>ATLANTIC BEACH FL</b>	4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		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: \_\_\_\_\_ DATE: **4/25/97** DAYTIME PHONE: **904 246-4886**

CR2E034 (9/96)