

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90159 002 ***158.75

DOCUMENT # 324250

1. Corporation Name
C. ROCKHILL, INC.

Principal Place of Business
1619 HENDRICKS AVENUE
PO BOX 10667
JACKSONVILLE FL 32247-0667
US

Mailing Address
1619 HENDRICKS AVENUE
PO BOX 10667
JACKSONVILLE FL 32247-7667

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/18/1967

4. FEI Number
59-1197365

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

ROCKHILL, CLEMENT L
1619 HENDRICKS AVE
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name
Eleanor Kay Bird
82 Street Address (P.O. Box Number is Not Acceptable)
1619 HENDRICKS AVE.
83
84 City
JACKSONVILLE FL 85 Zip Code
32207

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 Eleanor Kay Bird

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

March 31-99

12. OFFICERS AND DIRECTORS

TITLE ASD ☒ DELETE
NAME ROCKHILL, CLEMENT
STREET ADDRESS 1221 MIRAMAR AVENUE
CITY-ST-ZIP JACKSONVILLE, FL 00000

TITLE ST ☐ DELETE
NAME BIRD, ELEANOR
STREET ADDRESS 2152 REDFERN ROAD
CITY-ST-ZIP JACKSONVILLE, FL 00000

TITLE PD ☐ DELETE
NAME ROCKHILL, CHARLES W
STREET ADDRESS 1455 MONTICELLO RD
CITY-ST-ZIP JACKSONVILLE, FL 00000

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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 2235 Redfern Rd
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME PD Eleanor Kay Bird
3.3 STREET ADDRESS 2152 Redfern Rd
3.4 CITY-ST-ZIP Jacksonville, Fla. 32207

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 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, with all other like empowered.

SIGNATURE: Eleanor Kay Bird

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 31-99 904-398-9666

Date

Daytime Phone #

CR2E034 (11/98)

0046450