FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **328396** **(7)**

1. Corporation Name

ROSEMERE, INC.

Principal Place of Business	Mailing Address
P O BOX 1060 OCALA FL 34478-8060	P O BOX 1060 OCALA FL 34478-8060

3. Date Incorporated or Qualified: **04/04/1968**
3a. Date of Last Report: **04/28/1995**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: **59-2709549** ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ROSE,DONALD E.
1813 S.E. 31ST LANE
OCALA FL 34471

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 Date required) (NOTE: Registered Agent's signature required when changing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE	DP	☐ Change ☐ Addition
NAME	ROSE, DONALD E		1.2 NAME	Rose, Donald E.	
STREET ADDRESS	1813 SE 31ST LANE		1.3 STREET ADDRESS	103 Valare Ln.	
CITY-ST-ZIP	OCALA FL		1.4 CITY-ST-ZIP	Crystal River, Fl. 34429	
TITLE	VD	☐ DELETE	2.1 TITLE	VD	☐ Change ☐ Addition
NAME	PITTMAN, MERRI C.		2.2 NAME	Pittman, Merri C.	
STREET ADDRESS	9 PAMONA AVE		2.3 STREET ADDRESS	3516 S. Woodridge Rd.	
CITY-ST-ZIP	BIRMINGHAM AL		2.4 CITY-ST-ZIP	Birmingham, Al. 35223	
TITLE	VST	☐ DELETE	3.1 TITLE	VST	☐ Change ☐ Addition
NAME	ROSE, DONA L.		3.2 NAME	Rose, Dona L.	
STREET ADDRESS	1813 SE 31ST LANE		3.3 STREET ADDRESS	103 Valare Ln	
CITY-ST-ZIP	OCALA FL		3.4 CITY-ST-ZIP	Crystal River, Fl. 34429	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 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: Donald E. Rose Donald E Rose 5-17-96 352-563-5380

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #