

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 # 336350 (4)

1. Corporation Name
ROJAN, INC.



Principal Place of Business

261/2 HANCHEY ROAD
P.O. BOX 1778
WAUCHULA FL 33873-8778

Mailing Address

261/2 HANCHEY ROAD
P.O. BOX 1778
WAUCHULA FL 33873-8778

3. Date Incorporated or Qualified 10/11/1968	3a. Date of Last Report 01/24/1995
4. FEI Number 59-1272065	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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

21. **1521 LISA DRIVE**
Suite, Apt. #, etc.

22. **P.O. Box 1778**
City & State

23. **WAUCHULA, FL**
Zip

24. **33873** 25. **USA**

2a. Mailing Address

26. **P.O. BOX 1778**
Suite, Apt. #, etc.

27.
City & State

28. **WAUCHULA, FL**
Zip

29. **33873** 30. **USA**

9. Name and Address of Current Registered Agent

BROWN, SANDRA K
26 1/2 HANCHEY RD
WAUCHULA FL 33873

10. Name and Address of New Registered Agent

81. Name BROWN, ROY A.
82. Street Address (P.O. Box Number is Not Acceptable) 1521 LISA DRIVE
83. P.O. Box 1778
84. City WAUCHULA
85. Zip Code FL 33873

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: *Sandra Brown* 2-6-96
(If Not: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DS	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BROWN, SANDRA		1.2 NAME	
STREET ADDRESS 261/2 HANCHEY ROAD		1.3 STREET ADDRESS	
CITY-ST-ZIP WAUCHULA FL		1.4 CITY-ST-ZIP	
TITLE PD	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BROWN, ROY A		2.2 NAME	
STREET ADDRESS 26 1/2 HANCHEY ROAD		2.3 STREET ADDRESS 1521 LISA DRIVE	
CITY-ST-ZIP WAUCHULA FL		2.4 CITY-ST-ZIP WAUCHULA FL 33873	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Sandra Brown* 2/6/96 941-773-6616
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (12/95)