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

Feb 10 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #**1. Corporation Name 336350 (4) ROJAN, INC. Principal Place of Business Mailing Address 1521 LISA DRIVE P.O. BOX 1778 P.O. BOX 1778 WAUCHULA FL 33873 DO NOT WRITE IN THIS SPACE WAUCHULA FL 33873 3. Date Incorporated or Qualified 10/11/1968 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-1272065 Not Applicable 21 26 Suite, Apt #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 28 Added to Fees Zip Country 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. 🔀 Yes 24 25 29 30 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BROWN, ROY A. 1521 LISA DR 82 Street Address (P.O. Box Number is Not Acceptable) P.O. BOX 2778 83 WAUCHULA FL 33873 84 City 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, typod or printed hams of registered agent and the if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. DELETE Change Addition TITLE 1.1 TITLE NAME BROWN, SANDRA 1.2 NAME STREET ADDRESS 261/2 HANCHEY ROAD 1.3 STREET ADDRESS **WAUCHULA FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE BROWN, ROY A NAME 2.2 NAME 1521 LISA DR 2.3 STREET ADDRESS STREET ADDRESS WAUCHULA FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change DELETE 4 1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST: ZIP DELETE 6.1 TITLE Change Addition TITLE 6.2 NAME MAME 6.3 STREET ADDRESS STREET ADDRESS

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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 comporation 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 it changed for on an analyment with an address.

SIGNATURE:

34. Brown

2-4-78

947-773-66/6

6.4 CITY - ST- ZIP

CITY-ST-ZIP