FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 APR 26 PM 12:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **445010** **(2)**

1. Corporation Name
R.L. BROCK, INC.

Principal Place of Business	Mailing Address
4406 EXCHANGE AVE #101 NAPLES FL 33942	4406 EXCHANGE AVE #101 NAPLES FL 33942

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/30/1974
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business	2a. Mailing Address
21 2416 Kirkwood Avenue	20 2416 Kirkwood Avenue
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Naples FL	28 Naples FL
24 Zip 33962 / 25 Country Collier	29 Zip 33962 / 30 Country Collier

4. FEI Number: 59-1508681 ☐ 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	10. Name and Address of New Registered Agent
BROCK, (ROBERT L.) 4406 EXCHANGE AVE #101 NAPLES FL 33942	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 2416 Kirkwood Avenue 83 Naples FL 84 City FL 85 Zip Code 33962

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☒ Change ☐ Addition
NAME	BROCK, (ROBERT L.)	1.2 NAME		
STREET ADDRESS	4406 EXCHANGE AVE #101	1.3 STREET ADDRESS	2416 Kirkwood Avenue	
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	Naples, FL	
TITLE	STD	2.1 TITLE		☒ Change ☐ Addition
NAME	BROCK, JUDITH L.	2.2 NAME		
STREET ADDRESS	4406 EXCHANGE AVE #101	2.3 STREET ADDRESS	2416 Kirkwood Avenue	
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	Naples, FL	
TITLE	VP	3.1 TITLE		☒ Change ☐ Addition
NAME	BROCK, ROBERT L. J	3.2 NAME		
STREET ADDRESS	4406 EXCHANGE AVE., #101	3.3 STREET ADDRESS	2416 Kirkwood Avenue	
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	Naples, FL	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ 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)(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: Judith L Brock JUDITH L BROCK 4/21/95 813/775-1999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0329869 CF