

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **729726** (0)

1. Corporation Name
FLATROC, INC.



Principal Place of Business

Mailing Address

**506B MISTLETOE COURT
SAFETY HARBOR FL 34696**

**506B MISTLETOE COURT
SAFETY HARBOR FL 34696**

3. Date Incorporated or Qualified **05/22/1974** 3a. Date of Last Report **03/22/1995**

2. Principal Place of Business
21 **1300 NW 155 ST**
Suite, Apt. #, etc.
22
City & State
23 **CITRA, FL**
Zip
24 **32113** Country
25 **MARION**
2a. Mailing Address
26 **P.O. Box 115**
Suite, Apt. #, etc.
27
City & State
28 **ORANGE LAKE, FL**
Zip
29 **32651** Country
30 **MARION**

4. FEI Number **23-7410310** 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

**MOTT, CHARLES, J.
506B MISTLETOE COURT
SAFETY HARBOR FL 34696**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
1300 NW 155 ST
83 **CITRA, FL 32113**
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.1505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Charles J. Mott 6/11/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOTT, CHARLES J.	1.2 NAME	
STREET ADDRESS	506B MISTLETOE COURT	1.3 STREET ADDRESS	1300 NW 155 ST.
CITY - ST - ZIP	SAFETY HARBOR FL	1.4 CITY - ST - ZIP	CITRA, FL 32113
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NYHUS, JUDITH	2.2 NAME	
STREET ADDRESS	25 HILLSTEAD RD, STE 3	2.3 STREET ADDRESS	
CITY - ST - ZIP	CLAREMONT NH	2.4 CITY - ST - ZIP	
TITLE	STD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOTT, MARYELLEN	3.2 NAME	
STREET ADDRESS	228 GLEN OAKS AVE, STE G-201	3.3 STREET ADDRESS	
CITY - ST - ZIP	TEMPLE TERR FL	3.4 CITY - ST - ZIP	
TITLE		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		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		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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Charles J. Mott
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/11/96

Date

352 591 4030

Daytime Phone #

CR2E037 (3/96)