


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 03, 1999 8:00 am
Secretary of State

08-03-1999 90009 003 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 729726

1. Corporation Name
FLATROC, INC.

Principal Place of Business
1200 NW 155 STREET
CITRA FL 32113
US

Mailing Address
P.O. BOX 115
ORANGE LAKE FL 32681
US



2. Principal Place of Business 21 1500 NW 155 ST Suite, Apt. #, etc. 22 City & State 23 Citra, FL Zip 24 32113 Country 25 USA	2a. Mailing Address 26 1500 NW 155 ST Suite, Apt. #, etc. 27 City & State 28 Citra, FL Zip 29 32113 Country 30 USA	3. Date Incorporated or Qualified 05/22/1974 4. FEI Number 23-7410310 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

MOTT, CHARLES, J.
1200 NW 155 STREET
CITRA FL 32113

10. Name and Address of New Registered Agent

81 Name MOTT, Charles J.	85 Zip Code 32113
82 Street Address (P.O. Box Number is Not Acceptable) 1500 NW 155 ST	
83 City Citra, FL	
84 City FL	

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 617.0503, Florida Statutes.

SIGNATURE

Charles J. Mott **Charles J. Mott** **7/15/99**

(Signature typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE Change <input checked="" type="checkbox"/> Addition	
NAME MOTT, CHARLES J.		1.2 NAME	
STREET ADDRESS 1200 N.W. 155ST		1.3 STREET ADDRESS 1500 NW 155 ST	
CITY-ST-ZIP CITRA FL		1.4 CITY-ST-ZIP	
TITLE VD	<input type="checkbox"/> DELETE	2.1 TITLE Change <input checked="" type="checkbox"/> Addition	
NAME MOTT, J.M.		2.2 NAME	
STREET ADDRESS 1200 N.W. 155 ST		2.3 STREET ADDRESS 1500 NW 155 ST	
CITY-ST-ZIP CITRA FL		2.4 CITY-ST-ZIP	
TITLE STD	<input type="checkbox"/> DELETE	3.1 TITLE Change <input checked="" type="checkbox"/> Addition	
NAME MOTT, MARYELLEN		3.2 NAME	
STREET ADDRESS 2100 TIMBERCREEK LOOP W.		3.3 STREET ADDRESS 11108 N 56 ST APT 44	
CITY-ST-ZIP LAKE LAND FL		3.4 CITY-ST-ZIP Temple Terrace, FL 33617	
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 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 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, with all other like empowered.

SIGNATURE:

Charles J. Mott **Charles J. Mott**

(Signature typed or printed name of signing officer or director)

7/15/99

Date

352/591-4030

Daytime Phone #

CR2E037 (5/99)