

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # 856846 (1)

1. Corporation Name
ROLYN (INVERNESS) INC.

95 MAR 14 AM 8:40

Principal Place of Business Mailing Address
**808 THIRD STREET, STE C
NEPTUNE BEACH FL 32266-5018**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **06/21/1983** 3a. Date of Last Report **02/25/1994**

4. FEI Number **58-1392456** 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. 109.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 State, Apt. #, etc. 26 State, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROULEAU, ROBERT
808 THIRD STREET STE C
NEPTUNE BEACH FL 32233**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 (Print or type in printed name of registered agent and the Agent date) (Printed Agent signature required when transferring) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------------------|---|---|
| TITLE | PDS | 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROULEAU, ROBERT | 12 NAME | |
| STREET ADDRESS | 808 3RD STREET STE C | 13 STREET ADDRESS | |
| CITY, ST, ZIP | NEPTUNE BEACH FL | 14 CITY - ST - ZIP | |
| TITLE | V | 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROULEAU, ROBERT T. | 22 NAME | |
| STREET ADDRESS | 5500 AV ROYALMOUNT #200 | 23 STREET ADDRESS | |
| CITY, ST, ZIP | MONTREAL QUEBEC CANADA | 24 CITY - ST - ZIP | |
| TITLE | | 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY, ST, ZIP | | 34 CITY - ST - ZIP | |
| TITLE | | 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY, ST, ZIP | | 44 CITY - ST - ZIP | |
| TITLE | | 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY, ST, ZIP | | 54 CITY - ST - ZIP | |
| TITLE | | 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY, ST, ZIP | | 64 CITY - ST - ZIP | |

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information submitted 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 appointed to conduct the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *[Signature]* 3/9/95 901-241-5104
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR