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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 31 PM 2:03

DOCUMENT # F70491 (8)

1. Corporation Name
ROCK BOTTOM, INC.

Principal Place of Business	Mailing Address
3893 GLEN MEADOW DR NORCROSS GA 30092	3893 GLEN MEADOW DR NORCROSS GA 30092

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/10/1982
3a. Date of Last Report: 02/25/1994

2. Principal Place of Business
21: 6175-B Crooked Creek Rd
22: Suite, Apt. #, etc.
23: City & State: Norcross, GA
24: Zip: 30092
25: Country: USA

2a. Mailing Address
26: 6175-B Crooked Creek Rd
27: Suite, Apt. #, etc.
28: City & State: Norcross, GA
29: Zip: 30092
30: Country: USA

4. FEI Number: 59-2149757 ☐ 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

GALLOWICH, LOUIS G
4821 SW 163 AVE
FT LAUDERDALE FL 33331

10. Name and Address of New Registered Agent

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 _____ 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	STD	1.1 TITLE		☐ Change ☐ Addition
NAME	SCHEIBLE, BEVERLY	1.2 NAME		
STREET ADDRESS	3893 GLEN MEADOW DR.	1.3 STREET ADDRESS		
CITY-ST-ZIP	NORCROSS GA	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	SCHEIBLE, JEFFREY J	2.2 NAME		
STREET ADDRESS	3893 GLENMEADOW DR	2.3 STREET ADDRESS		
CITY-ST-ZIP	NORCROSS, GA 00000	2.4 CITY-ST-ZIP		
TITLE	PD	3.1 TITLE	PD	☒ Change ☐ Addition
NAME	ROCHMAN, FRANK	3.2 NAME	ROCHMAN, FRANK	
STREET ADDRESS	9477 N. W. 39 PLACE	3.3 STREET ADDRESS	3571 N.W. 85 WAY #308	
CITY-ST-ZIP	SUNRISE FL	3.4 CITY-ST-ZIP	SUNRISE, FL 33351	
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: Beverly Scheible BEVERLY SCHEIBLE 1-18-95 401-448-8439
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

03000011 FP