## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

(2)

## ROCKLEDGE DEVELOPMENT CORPORATION

Principal Place	of Business	Mailing Address		
3525 MURRELL ROAD SUITE 3 ROCKLEDGE FL 32955		3525 MURRELL ROAD SUITE 3 ROCKLEDGE FL 32955		DO NOT WRIT
US		บร		<ol> <li>Date Incorporated or Qualified</li> <li>04/23/1985</li> </ol>
2. Principal Place of Business		2a. Mailing Add	ress	4. FEI Number
21		26		59-2545700
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired
City & State		City & State		Election Campaign Financing     Trust Fund Contribution
Zip 24	Country 25	Zip 29	Country 30	This corporation owes or has personal Property Tax due Jun
9. Name and Address of Current Registered Agent				10. Name and Address of New R
DAVIDSON, CHARLES A				

## **FILED** Feb 05 1998 8:00am Secretary of State



O NOT WRITE IN THIS SPACE

us Desired Fee Required \$5.00 May Be bution Added to Fees owes or has paid the current year intangible Yes Tax due June 30. ss of New Registered Agent 3525 MURRELL ROAD Street Address (P.O. Box Number is Not Acceptable) SUITE 3 23 ROCKLEDGE FL 32955 City 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, 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. TITLE DELETE 1.7 TITLE Change Addition: DAVIDSON, CHARLES A NAME 1.2 NAME 3525 MURRELL ROAD, STE. 3 STREET ADDRESS 1,3 STREET ADDRESS ROCKLEDGE FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE DAVIDSON, CAROLYN NAME 2.2 NAME 270 BARNES BLVD. STREET ADDRESS 2.3 STREET ADDRESS ROCKLEDGE FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE NAME NINOS, ANTHONY 3.2 NAME 112 RIVERSIDE DRIVE 3.3 STREET ADDRESS STREET ADDRESS COCOA FL 32922 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4, 2 NAME NAME 4,3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition 6 1 TITLE TITLE 62 NAME NAME

6.4 CITY - ST - ZIP 14. Thereby certify that the information supplied with this filling 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. 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. I further certify that the information indicated on this annual report or supplemental annual report or supplemental 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. I further certify that the information indicated on this annual report or supplemental 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. I further certified the information indicated on the same legal effect as if made under oath and accurate and that my signature shall have the same legal effect as if made under oath and accurate and the information indicated on the same legal effect as if made under oath annual report of the corporation of the receiver of the corporation of the same legal effect as if CHARLES A. DAVIDSON, PRESIDENT

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-712

Chale a Daviden Prince FEU 1/30/48 407-638-3505 CR2E034

Applied For Not Applicable \$8.75 Additional