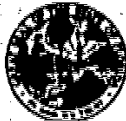


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**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 MAY 31 AM 8:49

DOCUMENT # J46964

(9)

1. Corporation Name

RODOCO, INC.

Principal Place of Business

% HOWARD E. GOOGE, JR.
401 E. OSCEOLA ST., STE. 102
STUART FL 34994-2501

Mailing Address

% HOWARD E. GOOGE, JR.
401 E. OSCEOLA ST., STE. 102
STUART FL 34994-2501

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
11/24/1986

3a. Date of Last Report
05/24/1994

4. FEI Number
NOT APPLICABLE

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**GOOGE, HOWARD E., JR.
401 E. OSCEOLA STREET
SUITE 102
STUART FL 33491**

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

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

(NOTE: Registered Agent signature required when nonstatutory)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PD

NAME

ROSS, ROBERT A.

STREET ADDRESS

3259 TURNABOUT LANE

CITY - ST - ZIP

PALM CITY FL

TITLE

VD

NAME

HORBATT, PAUL

STREET ADDRESS

3500 S KANNER LOT 56

CITY - ST - ZIP

STUART FL

TITLE

STD

NAME

COCOVES, EUTHYMIUS

STREET ADDRESS

3927 SW SAILFISH DRIVE

CITY - ST - ZIP

PALM CITY FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

VD

JOEL KAGAN

4297 S.E. QUINTON ST

STUART, FL 34997

3.1 TITLE

☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

SD

HELEN P. BENNETT

90 N.E. ALICE ST

JENSEN BEACH, FL 34957

4.1 TITLE

☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

VD

JAMES BARTON

3452 N.E. CAUSEWAY BLVD.

JENSEN BEACH, FL 34957

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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; the recorder 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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. A. ROSS

21 Feb 1995 (407) 287-7867

Date

Secretary/Recorder #