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

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

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

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 _____ 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	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	ROSS, ROBERT A.	1.2 NAME	
STREET ADDRESS	3259 TURNABOUT LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	VD ☒ Change ☐ Addition
NAME	HORBATT, PAUL	2.2 NAME	JOEL KAGAN
STREET ADDRESS	3500 S KANNER LOT 56	2.3 STREET ADDRESS	4287 S.E. QUINTON ST
CITY-ST-ZIP	STUART FL	2.4 CITY-ST-ZIP	STUART, FL 34997
TITLE	STD	3.1 TITLE	SD ☒ Change ☐ Addition
NAME	COCOVES, EUTHYMIUS	3.2 NAME	HELEN P. BENNETT
STREET ADDRESS	3927 SW SAILFISH DRIVE	3.3 STREET ADDRESS	90 N.E ALICE ST
CITY-ST-ZIP	PALM CITY FL	3.4 CITY-ST-ZIP	JENSEN BEACH FL 34957
TITLE		4.1 TITLE	VD ☐ Change ☒ Addition
NAME		4.2 NAME	JAMES BARTON
STREET ADDRESS		4.3 STREET ADDRESS	3452 N.E. CAUSEWAY BLVD.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	JENSEN BEACH, FL 34957
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)(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 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: R.A. Ross — 21 Feb 1995 — (407) 287-7867
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

R.A. Ross

0380203 CP