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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # J93687

(8)

Corporation Name

ROCKET INDUSTRIES, INC.

Principal Place	of Business	Mailing Address					
15465 PINE RIDGE RD FT MYERS FL 33908		15465 PINE RIDGE RU FT MYERS FL 33908	15465 PINE RIDGE RD FT MYERS FL 33908				
					3. Date Incorporated or Qualified 09/23/1987	3a. Date of La 05/01	st Report /1995
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	<u> </u>	Applied For
21		26			65-0005203		Not Applicable
Suite, Apt a	#, etc.	Suite. Apt. #, etc.			5. Certificate of Status Desired		3.75 Additional Fee Required
City & State	}	Orty & State		-	Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees
Zip 24	Country 25	Zφ 29	Countr 30	у	8. This corporation has liability for Florida Statutes Yes		ler s 199.032,
	9. Name and Address of Curren				10. Name and Address of New R	legistered Agen	t
			8	Name			
MCCULLERS, EDWARD M. 15465 PINE RIDGE RD			8	Street Add	dress (P.O. Box Number is Not Acceptable)		
FT MYE	RS FL 33908		8	3			
			8	4 City		FL 85	Zip Code
or register familiar wi SIGNATURE	red agent, or both, in the State of Floric th, and accept the obligations of, Sect-			poration's boa		DIATE	
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFF		
TIFLE	PSD FRUIT PO FRUIT PO M	☐ DELETE	1 1 Till	F		Ch	ange 🔲 Addition
NAME	MCCULLERS, EDWARD M. 15465 PINE RIDGE RD		1.2 NAM				
STREET ADDRESS	FT MYERS FL			FT ADDRESS			
CITY-ST-ZIP TITLE	\ \vo	DELLTE	2 1 TITL	· ST - ZIP		Ch	ange
NAME	YOUNGQUIST, TIM		2.2 NAM				
STREET ADDRESS	15465 PINE RIDGE RD			ET ADORESS			
City-SI-ZIP	FT MYERS FL		2 4 CHY	· \$1 · 20P		 	
TITLE	TD DELETE		3 1 1111	£		Cr	range
NAME	YOUNGQUIST, HARVEY 15465 PINE RIDGE RD		3.2 NAM	1			
STREET ADDRESS	FT MYERS FL			EET ADDRESS -S1-ZiP			
CITY - ST - ZIP	340		4 1 TITS		Change Addition		
NAME			4.2 NAN	E			
STREET ADDRESS			4.3 STR	ET ADOPESS			
CITY-ST-ZIP		d. 42.		- S1 - ZIF			F
TITLE		☐ DEFELE	5 1 TiTI	1		Cr	nange
NAME			5.2 NAA				
STREET ADDRESS				SZERDOA TEL			
CITY-ST-ZIP		DELETE	5 4 CH				nange 🔲 Addition
NAME		L beech	6 2 NAM				
STREET ADDRESS				EFT ADDRESS			
City-St ZiP			6.4 0.11	r - \$1 - ZIF			
						0.0710.00 7.5.	A

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 eath, that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 13 if chapter on an attachment with an address

SIGNATURE:

SIGNATURE AND PRED OR PRINCED NAME OF SIGNING OFFICER OR DIRECTOR

96 941-489-4444