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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K11564

(7)

ROCKY'S RECREATIONAL RENTALS, INC.

Principal Place of Business Mailing Address % RODNEY B. SCHIFFNER % RODNEY B. SCHIFFNER 1863 GULF BLVD 1863 GULF BLVD ENGLEWOOD FL 34223 ENGLEWOOD FL 34223-5729 3a. Date of Last Report 3. Date Incorporated or Qualified 01/11/1988 04/24/1996 2. Principal Place of Business Mailing Address 4. FEI Number Applied For 65-0033530 Not Applicable 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution Added to Fees 23 28 Country Zip Country Zio 8. This corporation has liability for intangible tax under s. 199.032, 🔀 Yes 🔲 No 29 30 Florida Statutes 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name SCHIFFNER, RODNEY B. 1863 GULF BLVD 82 Street Address (P.O. Box Number is Not Acceptable) **ENGLEWOOD FL 34223** 83 84 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 eigent, 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 appointment as registered agent. Schiffner SIGNATURE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition 0 11 TITLE TITLE SCHIFFNER, RODNEY B. NAME 1.2 NAME 1098 BAY HARBOR DR 1.3 STREET ADDRESS STREET ADDRESS **ENGLEWOOD FL** 1.4 CITY - ST - ZiP CITY-ST-ZIP DELETE Change Addition THLE 2.1 THILE SCHIFFNER, ELEANOR W. 2.2 NAME NAME 1098 BAY HARBOR DR 2.3 STREET AODRESS STREET ADDRESS **ENGLEWOOD FL** 2. 4 City-St-71P CHY-ST 28 Addition ☐ DELETE Change 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition THUE 4.1 TITLE 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-SI-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE **5.2 NAME** STREET ADDRESS **5.3 STREET ADDRESS** CITY- ST- ZIP 5.4 CITY-\$T-ZIP DELETE Change Addition 6.1 TITLE TIFLE NAME 6.2 NAME **6.3 STREET ADDRESS** \$TREET ADORESS 64 CHTY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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

address

SIGNATURE:

appears in Block 12 or Block

DITY-ST-7/P

FILED

Apr 14 1997 8:00am

Secretary of State