

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **K24344** (9)

1. Corporation Name

**ROCK WOODWORKS INC.**

Principal Place of Business

**4361 OKEECHOBEE BLVD  
SUITE A-11  
W. PALM BEACH FL 33409**

Mailing Address

**4361 OKEECHOBEE BLVD  
SUITE A-11  
W. PALM BEACH FL 33409**



2. Principal Place of Business

21 **7640 HOOPER RD.**

22 **3,485 (BAYS)**

23 **WEST PALM BEACH, FL**

24 **33411**

25 **FLORIDA**

2a. Mailing Address

26 **5454 ALTA WAY**

27 **LAKE WORTH, FL**

28 **33467**

29 **FLORIDA**

3. Date Incorporated or Qualified

**05/20/1988**

3a. Date of Last Report

**03/30/1995**

4. FEI Number

**65-0060203**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing

☐ \$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

**ROCK, HOLLY  
4361 OKEECHOBEE BLVD  
SUITE A-11  
W PALM BEACH FL 33409**

10. Name and Address of New Registered Agent

81 Name **ROCK, HOLLY**  
82 Street Address (P.O. Box Number is Not Acceptable) **5454 ALTA WAY**  
83 **LAKE WORTH FL**  
84 City **LAKE WORTH** **FL**  
85 Zip Code **33467**

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

*Holly Rock*

(NOTE: Registered Agent Signature required when establishing)

DATE **4-8-96**

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>ROCK, ROGER</b>	
STREET ADDRESS	<b>4361 OKEECHOBEE BLVD</b>	
CITY-ST-ZIP	<b>W. PALM BCH. FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>GRIMLEY, CHARLES</b>	
STREET ADDRESS	<b>1708 64TH DR #205</b>	
CITY-ST-ZIP	<b>JUPITER FL</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>WEISSERT, TIMOTHY</b>	
STREET ADDRESS	<b>4931 HAVERHILL COMM CRC</b>	
CITY-ST-ZIP	<b>W. PALM BCH. FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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. Rock*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-10-96**

DATE

DATE/TIME PHONE #

CR2E034 (12/95)