FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 (8) **DOCUMENT # RIM ROCK CORPORATION** Mailing Address Principal Place of Business 9501 ISTACHATTA RD 9501 ISTACHATTA RD FLORAL CITY FL 32636 FLORAL CITY FL 32636 3. Date Incorporated or Qualified 3a. Date of Last Report 06/16/1988 04/05/1995 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address PO BOX 35 59-2954233 Not Applicable 26 21 Suite, Apt #, etc. \$8.75 Additional Suite, Apl. #, etc 5. Certificate of Status Desired Fee Required 22 City & State 6. Flection Campaign Financing \$5,00 May Be City & State Floral C Trust Fund Contribution Added to Fees 23 8. This corporation has liability for intangible tax under s 199.032, Country Florida Statutes Yes No 34436 24 34436 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name FARNSWORTH, FRED H. Street Address (P.O. Box Number is Not Acceptable) 82 9501 ISTACHATTA RD 83 FLORAL CITY FL 32636 85 Zip Code City 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 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 tate if applicable NGTs. Registered Agent signature recurred when reinstating ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIFFECTORS 13. 12. Change DELETE \_\_\_ Addition TITLE D 1.110 E FARNSWORTH, FRED H. 1.2 NAME NAME 9501 ISTACHATTA RD 13 STREET ADDRESS STREET ADDRESS FLORAL CITY FL 1.4 CITY - ST - 7:P CITY-ST-ZIP Addition Change DELETE 2 : TITLE TITLE 2.2 NAME NAME 2 3 STREET ADDRESS STREET ADDRESS 2.4 CITY - ST - ZIP CITY - ST - ZIP Change ☐ Addition DELETE 3 1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 C+TY - ST - ZIP CITY-ST-7IP ☐ Change Addition [7] DELETE 4 1 TITLE TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CHTY - ST-ZIP CITY - ST - ZIP Change Addition DELETE TITLE 5.1 Title 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 City St-ZiP CITY - ST - ZIP DELETE Change Addition € 1 TITLE TITLE NAME 6.2 NAME

14. If 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 is supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or directly of the corporation of the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 changed, over any Jachment with an address

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

20) TOTO H. TARNEWSENS. 4/11/96 852-726-934

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