

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L63325** (9)
1. Corporation Name
EDWIN G. BROCK, INC.



Principal Place of Business: **108 RHODEN LANE CALLAHAN FL 32011**
Mailing Address: **108 RHODEN LANE CALLAHAN FL 32011**

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25
2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country
30
9. Name and Address of Current Registered Agent

**BAKER, GARY
114 GREEN AVENUE
CALLAHAN FL 32011**

3. Date Incorporated or Qualified: **04/02/1990**
3a. Date of Last Report: **06/09/1995**
4. FEI Number: **59-3039988**
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
10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0507 and 607.1505, 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

12. OFFICERS AND DIRECTORS
1. TITLE: **DP**
2. NAME: **BROCK, EDWIN G.**
3. STREET ADDRESS: **108 RHODEN LANE**
4. CITY-STATE-ZIP: **CALLAHAN FL**
5. TITLE: **DST**
6. NAME: **BROCK, DIANA**
7. STREET ADDRESS: **108 RHODEN LANE**
8. CITY-STATE-ZIP: **CALLAHAN FL**
9. TITLE: **BROCK, DEAN**
10. NAME: **BROCK, DEAN**
11. STREET ADDRESS: **108 RHODEN LANE**
12. CITY-STATE-ZIP: **CALLAHAN FL**
13. TITLE: DELETE
14. NAME: DELETE
15. STREET ADDRESS: DELETE
16. CITY-STATE-ZIP: DELETE
17. TITLE: DELETE
18. NAME: DELETE
19. STREET ADDRESS: DELETE
20. CITY-STATE-ZIP: DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE: Change Add/Alter
2. NAME:
3. STREET ADDRESS:
4. CITY-STATE-ZIP: Change Addition
5. TITLE: Change Addition
6. NAME:
7. STREET ADDRESS:
8. CITY-STATE-ZIP: Change Addition
9. TITLE: Change Addition
10. NAME:
11. STREET ADDRESS:
12. CITY-STATE-ZIP: Change Addition
13. TITLE: Change Addition
14. NAME:
15. STREET ADDRESS:
16. CITY-STATE-ZIP: Change Addition
17. TITLE: Change Addition
18. NAME:
19. STREET ADDRESS:
20. CITY-STATE-ZIP: Change Addition

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: *Edwin G. Brock*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-96 904-879-2323
Date Filed

CR2E034 (12/95)