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May 02 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N20550 (2)

1. Corporation Name

ROCK-OUT AUBURNDAL, INCORPORATED

Principal Place of Business

Mailing Address

115 PATTERSON DRIVE
AUBURNDAL FL 33823115 PATTERSON DRIVE
AUBURNDAL FL 33823-23233. Date Incorporated or Qualified
05/08/19873a. Date of Last Report
06/19/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt #, etc.

Suite, Apt #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GABALDON, ADRIAN
210 S. BARTOW AVENUE
AUBURNDAL FL 33823

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME JAMES, ANN
STREET ADDRESS 115 PATTERSON DR.
CITY-ST-ZIP AUBURNDAL FL 338231.1 TITLE President
1.2 NAME James, ANN
1.3 STREET ADDRESS 115 Patterson Drive
1.4 CITY-ST-ZIP Auburndale, FL 33823TITLE VPD
NAME BOYKIN, BILL
STREET ADDRESS 103 PERRY AVE.
CITY-ST-ZIP AUBURNDAL FL2.1 TITLE Vice President/Director
2.2 NAME Boykin, Bill
2.3 STREET ADDRESS 103 Perry Avenue
2.4 CITY-ST-ZIP Auburndale, FL 33823TITLE TSVP
NAME SINCLAIR, EMILY E.
STREET ADDRESS 2579 KING AVENUE
CITY-ST-ZIP AUBURNDAL FL3.1 TITLE Second Vice President
3.2 NAME Bullock, Janice
3.3 STREET ADDRESS 123-4th St. J.P.V.
3.4 CITY-ST-ZIP Auburndale, FL 33823TITLE TRS
NAME MULFORD, GERI
STREET ADDRESS RT. 1, BOX 308
CITY-ST-ZIP AUBURNDAL FL4.1 TITLE Secretary, Recording
4.2 NAME Mulford, Geri
4.3 STREET ADDRESS Rt. 1 Box 308
4.4 CITY-ST-ZIP Auburndale, FL 33823TITLE TD
NAME CONNER, MARSHA
STREET ADDRESS 2504 ARIANA BLVD.
CITY-ST-ZIP AUBURNDAL FL5.1 TITLE Treasurer, Director
5.2 NAME Conner, Marsha
5.3 STREET ADDRESS 2504 Ariana Blvd.
5.4 CITY-ST-ZIP Auburndale, FL 33823TITLE T
NAME BORKOWSKI, DOLORES
STREET ADDRESS 102 JOSEPH CIRCLE
CITY-ST-ZIP AUBURNDAL FL 338236.1 TITLE Director
6.2 NAME Borkowski, Dolores
6.3 STREET ADDRESS 102 Joseph Circle
6.4 CITY-ST-ZIP Auburndale, FL 33823

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ann W. James

April 14, 1997-9419675829

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone # 904222-112

CR2E037 (9/96)