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CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -5 PM 3:14

DOCUMENT # **N93000000947 (2)**

1. Corporation Name
STRONG ROCK, INC.

Principal Place of Business	Mailing Address
7104 CRANE AVE JACKSONVILLE FL 32216	7104 CRANE AVE JACKSONVILLE FL 32216 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/17/1993
3a. Date of Last Report: 05/19/1994
4. FEI Number: 59-3182002 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21 7104 CRANE AVE	2a. Mailing Address 26 7104 CRANE AVE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 JACKSONVILLE, FL	City & State 28 JACKSONVILLE, FL
Zip / Country 24 32216 / 25 US	Zip / Country 29 32216 / 30 US

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ROGERS, RICHARD L 7104 CRANE AVE JACKSONVILLE FL 32216	81 Name: SAME: Rogers, Richard L 82 Street Address (P.O. Box Number is Not Acceptable): 7104 CRANE AVE 83 84 City: JACKSONVILLE FL 85 Zip Code: 32216

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: [signature] Richard L. Rogers 3-31-95
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	DPTM	1.1 TITLE	PTMD	☐ Change ☐ Addition
NAME	ROGERS, RICHARD L	1.2 NAME	Rogers, Richard L	
STREET ADDRESS	7104 CRANE AVE	1.3 STREET ADDRESS	7104 CRANE AVE	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32216	
TITLE	VD	2.1 TITLE	VD	☐ Change ☐ Addition
NAME	ROGERS, KAREN	2.2 NAME	Rogers, Karen	
STREET ADDRESS	7104 CRANE AVE	2.3 STREET ADDRESS	7104 CRANE AVE	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32216	
TITLE	SD	3.1 TITLE	SD	☐ Change ☐ Addition
NAME	VICTOR, RUSSELL	3.2 NAME	Victor, Russell	
STREET ADDRESS	2229 FAWS ST	3.3 STREET ADDRESS	2229 FAWS ST	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		4.1 TITLE	D TR	☐ Change ☒ Addition
NAME		4.2 NAME	Victor, Dorothea	
STREET ADDRESS		4.3 STREET ADDRESS	2229 FAWS ST	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	JACKSONVILLE, FL	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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: [signature] Richard L Rogers 3/31/95 (904) 720-0393
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000W1P