

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED

96 MAY 10 PM 3:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000000947 (2)

1. Corporation Name

STRONG ROCK, INC.



Principal Place of Business

7104 CRANE AVE
JACKSONVILLE FL 32216

Mailing Address

7104 CRANE AVE
JACKSONVILLE FL 32216
US

3. Date Incorporated or Qualified
02/17/1993

3a. Date of Last Report
04/05/1995

2. Principal Place of Business

21 SAME AS ABOVE

2a. Mailing Address

26 SAME AS ABOVE

4. FEI Number

59-3182002

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 TAX FL

City & State

28 TAX FL

Zip

24 32216

Country

25 USA

Zip

29 32216

Country

30 USA

9. Name and Address of Current Registered Agent

ROGERS, RICHARD L
7104 CRANE AVE
JACKSONVILLE FL 32216

10. Name and Address of New Registered Agent

81 Name

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 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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPTM
NAME ROGERS, RICHARD L
STREET ADDRESS 7104 CRANE AVE
CITY-ST-ZIP JACKSONVILLE FL ☐ DELETE

TITLE VD
NAME ROGERS, KAREN
STREET ADDRESS 7104 CRANE AVE
CITY-ST-ZIP JACKSONVILLE FL ☐ DELETE

TITLE SD
NAME VICTOR, RUSSELL
STREET ADDRESS 2229 FAWS ST
CITY-ST-ZIP JACKSONVILLE FL ☐ DELETE

TITLE T
NAME VICTOR, DOROTHEA
STREET ADDRESS 2229 FAWS STREET
CITY-ST-ZIP JACKSONVILLE FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DPTM
1.2 NAME ROGERS, RICHARD L
1.3 STREET ADDRESS 7104 CRANE AVE
1.4 CITY-ST-ZIP JACKSONVILLE, FL 32216 ☐ Change ☐ Addition

2.1 TITLE VD
2.2 NAME ROGERS, KAREN
2.3 STREET ADDRESS 7104 CRANE AVE
2.4 CITY-ST-ZIP JACKSONVILLE, FL ☐ Change ☐ Addition

3.1 TITLE SD
3.2 NAME VICTOR, RUSSELL
3.3 STREET ADDRESS 2229 FAWS ST
3.4 CITY-ST-ZIP JACKSONVILLE, FL ☐ Change ☐ Addition

4.1 TITLE T
4.2 NAME VICTOR DOROTHEA
4.3 STREET ADDRESS 2229 FAWS ST
4.4 CITY-ST-ZIP JACKSONVILLE, FL ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

600001832786

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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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-6-96 904-720-0343

Date

Daytime Phone #

CR2E037 (12/95)