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FILED

Feb 26 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P00619 (7)

1. Corporation Name  
**ROCKCOUSTIC SYSTEMS INCORPORATED**



Principal Place of Business

116 W. 8TH ST  
102  
GEORGETOWN TX 78626  
US

Mailing Address

P.O. BOX 964  
GEORGETOWN TX 78627-0964  
US

2. Principal Place of Business

21 3104 Indian Mound Road

Suite, Apt. #, etc.

22 Georgetown, Texas

City & State

23 78628

Zip

Country

25 Williamson

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

01/16/1984

3a. Date of Last Report

03/12/1996

4. FEI Number

74-2251535

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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 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 type: 1. printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME                 | STREET ADDRESS        | CITY - ST - ZIP | DELETE                   |
|-------|----------------------|-----------------------|-----------------|--------------------------|
| PTD   | CONQUEST, WILLIAM M. | 116 W. 8TH ST. #102   | GEORGETOWN TX   | <input type="checkbox"/> |
| VD    | CONQUEST, THOMAS R.  | 116 W. 8TH ST. #102   | GEORGETOWN TX   | <input type="checkbox"/> |
| S     | TREVATHAN, CAROL     | 3104 INDIAN MOUND DR. | GEORGETOWN TX   | <input type="checkbox"/> |
|       |                      |                       |                 | <input type="checkbox"/> |
|       |                      |                       |                 | <input type="checkbox"/> |
|       |                      |                       |                 | <input type="checkbox"/> |
|       |                      |                       |                 | <input type="checkbox"/> |
|       |                      |                       |                 | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS     | 1.4 CITY - ST - ZIP | Change                              | Addition                 |
|-----------|----------|------------------------|---------------------|-------------------------------------|--------------------------|
|           |          | 3104 Indian Mound Road |                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS     | 2.4 CITY - ST - ZIP | Change                              | Addition                 |
|           |          | 3104 Indian Mound Rd   |                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS     | 3.4 CITY - ST - ZIP | Change                              | Addition                 |
|           |          | 3104 Indian Mound Rd   |                     | <input type="checkbox"/>            | <input type="checkbox"/> |
| 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS     | 4.4 CITY - ST - ZIP | Change                              | Addition                 |
|           |          |                        |                     | <input type="checkbox"/>            | <input type="checkbox"/> |
| 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS     | 5.4 CITY - ST - ZIP | Change                              | Addition                 |
|           |          |                        |                     | <input type="checkbox"/>            | <input type="checkbox"/> |
| 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS     | 6.4 CITY - ST - ZIP | Change                              | Addition                 |
|           |          |                        |                     | <input type="checkbox"/>            | <input type="checkbox"/> |

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 607, 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

2/17/97

Date

800 762 3317

Daytime Phone

CR2E034 (9/96)