FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR 21 PM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P19984 (4)

1. Corporation Name
ROCAILLE & COMPANY

Principal Place of Business	Mailing Address
1307 HILL AVENUE MANGONIA PARK FL 33407	1307 HILL AVENUE MANGONIA PARK FL 33407

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/08/1988
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business 21:
2a. Mailing Address 26:
4. FEI Number: 65-0060363 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. 22:
Suite, Apt. #, etc. 27:
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

City & State 23:
City & State 28:
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

Zip 24: Country 25:
Zip 29: Country 30:
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: JOHN R. ERBEY
82 Street Address (P.O. Box Number Is Not Acceptable): 515 N. FLAGLER DR.
83: PAVILION 4TH FLOOR
84 City: WEST PALM BEACH FL 85 Zip Code: 33401

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] DATE: 3/8/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	D	☐ Change ☒ Addition
NAME	ERBEY, WILLIAM C.	1.2 NAME		
STREET ADDRESS	515 N. FLAGLER DR. P400	1.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP		
TITLE	V	2.1 TITLE	C	☒ Change ☐ Addition
NAME	BROWN, RORY A.	2.2 NAME		
STREET ADDRESS	515 N. FLAGLER DR. P400	2.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL	2.4 CITY-ST-ZIP		
TITLE	V	3.1 TITLE	M/CFO	☒ Change ☐ Addition
NAME	REICH, CHRISTINE A.	3.2 NAME		
STREET ADDRESS	515 N. FLAGLER DR. P400	3.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL	3.4 CITY-ST-ZIP		
TITLE	V	4.1 TITLE	SVP	☒ Change ☐ Addition
NAME	BARNES, JOHN R.	4.2 NAME		
STREET ADDRESS	515 N. FLAGLER DR. P400	4.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE	M/S	☐ Change ☒ Addition
NAME		5.2 NAME	ERBEY, JOHN R.	
STREET ADDRESS		5.3 STREET ADDRESS	515 N. FLAGLER DR., P400	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE		6.1 TITLE	SVP/AS	☐ Change ☒ Addition
NAME		6.2 NAME	WILHOIT, STEPHEN C.	
STREET ADDRESS		6.3 STREET ADDRESS	515 N. FLAGLER DR, P400	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	WEST PALM BEACH FL	

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 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] 3-8-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0246088 CP