

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
**95 MAR 17 AM 10:23**

**CORPORATION**  
**ANNUAL REPORT**  
**1995**



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

**DOCUMENT # P23877 (4)**

**1. Corporation Name**  
**ROCKDALE INVESTMENT COMPANY**

**Principal Place of Business**      **Mailing Address**  
 \* J.T. MORGAN,  
 6161 TURNER LAKE RD  
 COVINGTON GA 30209  
 US

6161 TURNER LAKE RD  
 COVINGTON GA 30209-3134  
 US

DO NOT WRITE IN THIS SPACE.

**3. Date Incorporated or Qualified**      **3a. Date of Last Report**  
 04/13/1989      04/15/1994

**4. FEI Number**      **Applied For**  
 58-1443465       Not Applicable

**5. Certificate of Status Desired**       **\$8.75 Additional Fee Required**

**6. Election Campaign Financing**       **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution

**8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes.**       Yes       No

**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**      **25**      **29**      **30**

**9. Name and Address of Current Registered Agent**

KANE, GAY C.  
 6585 DILLMAN ROAD EXTENSION  
 WEST PALM BEACH FL 33413

**10. Name and Address of New Registered Agent**

**81 Name**      LORI KNAPP  
**82 Street Address (P.O. Box Number is Not Acceptable)**  
 13293 78th PLACE NORTH  
**83**  
**84 City**      WEST PALM BEACH      **85 Zip Code**      FL 33412

**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** 3/13/95  
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing))

**12. OFFICERS AND DIRECTORS**

<b>TITLE</b>	PD
<b>NAME</b>	MEYER, KLAUS
<b>STREET ADDRESS</b>	CHARITAS-BISCHOFF-TREPPE 1
<b>CITY - ST - ZIP</b>	22507 HAMBURG GE
<b>TITLE</b>	VT
<b>NAME</b>	MORGAN, J.T.
<b>STREET ADDRESS</b>	6161 TURNER LAKE RD
<b>CITY - ST - ZIP</b>	COVINGTON GA
<b>TITLE</b>	S
<b>NAME</b>	ALEXANDER, JAMES B.
<b>STREET ADDRESS</b>	1116 CLARK ST. NW
<b>CITY - ST - ZIP</b>	COVINGTON GA
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

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

**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 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.**

**SIGNATURE:** *[Signature]*      **DATE** 3-9-95      **PHONE** 404-786-1587  
(Signature and typed or printed name of filing officer or director)