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CORPORATION ANNUAL REPORT
1995

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

FILED
95 FEB 21 AM 11:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000011002 (1)**

1. Corporation Name
ROEBUCK CREEK COMPANY

000001412930
-02/23/95--01010--008
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
~~7407 S.E. HILL TERRACE~~ ~~HOBE SOUND FL 33455~~	~~7407 S.E. HILL TERRACE~~ ~~HOBE SOUND FL 33455~~

3. Date Incorporated or Qualified: 02/08/1993
3a. Date of Last Report: 03/24/1994

2. Principal Place of Business
21 6197 SE FEDERAL HWY
Suite, Apt. #, etc. 22
City & State 23 STUART FLORIDA
Zip 24 34997 Country 25 US

2a. Mailing Address
26 6197 SE FEDERAL HWY
Suite, Apt. #, etc. 27
City & State 28 STUART FLORIDA
Zip 29 34997 Country 30 US

4. FEI Number: 65-0390956 ☐ 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	10. Name and Address of New Registered Agent
~~GRISEBAUM, JAMES~~ ~~7407 S.E. HILL TERRACE~~ ~~HOBE SOUND FL 33455~~	81 Name: GRISEBAUM, JAMES 82 Street Address (P.O. Box Number is Not Acceptable): 6197 SE FEDERAL HWY 83 84 City: STUART FL 85 Zip Code: 34997

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, 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	D	11 TITLE	☐ Change ☐ Addition
NAME	COTTON, E L	12 NAME	
STREET ADDRESS	7751 SE LITTLE HARBOUR DR	13 STREET ADDRESS	
CITY-ST-ZIP	HOBE SOUND FL 33455	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	SULLIVAN, JOHN W	22 NAME	
STREET ADDRESS	7407 SE HILL TER	23 STREET ADDRESS	
CITY-ST-ZIP	HOBE SOUND FL 33455	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	KRAMER, ROBERT S	32 NAME	
STREET ADDRESS	2307 S.E. MONTEREY RD.	33 STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34996	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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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)(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 INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0438394 FF