## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Mar 03 1998 8:00am Secretary of State

	MENT # P9300 ER ROCK INC.	0022478 (0)			HORO HARII ATOLII 11001 1011 1011
Principal Disc	on of Puninana	Mailing Address			/
Principal Place of Business  17911 TIP TOP CIR FORT MYERS BEACH FL 33931 US		179 TIP TOP CIRCLE FT MYERS BEACH FL 339 US	<b>331</b>	DO NOT WRITE IN THI	S SPACE
				3. Date Incorporated or Qualified 03/22/1993	
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0397516	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	<b>28</b>	Country	Trust Fund Contribution	Added to Fees
24	25		30	<ol> <li>This corporation owes or has paid the of Personal Property Tax due June 30.</li> </ol>	current year Intangible
	9. Name and Address of Curre		30]	10. Name and Address of New Registere	
VE	CCHIO, DIANE	<del></del>	81 Name		
17911 TIP TOP CIR			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
FT	MYERS FL 33931		83		
			84 City	F	
11. Pursuant office or agent. I a	to the provisions of Sections 607.05 registered agent, or both, in the State om familiar with, and accept the oblig	02 and 607,1508, Florida <b>Statute</b> e of Florida. Such change was au gations of, Section 607.05 <b>05</b> , Flor	s, the above-named cor uthorized by the corpora ida Statutes.	rporation submits this statement for the purpose ation's board of directors. I hereby accept the appropriate the submit of the purpose accept the appropriate the submit of the purpose accept the appropriate the submit of the purpose accept the submit of	of changing its registered opointment as registered
SIGNATURE	Signature typed or printed name of registored ag		Registered Agent signature requ	uired when reinstating) DATE	
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	VD DIRECTORS IN 12
TITLE	P	DELETE	1.1 TITLE		Change Addition
NAME	VECCHIO, DIZNE		1.2 NAME		
STREET ADDRESS	17911 TIP TOP CIRCLE		1.3 STREET ADDRESS		1
CITY-ST-ZIP	FT MYERS FL		1.4 CfTY - ST - ZIP		
TITLE	EVPS	DELETE	2.1 TITLE		Change Addition
NAME	VECCHIO, JOSEPH V.		2.2 NAME		
STREET ADDRESS	17911 TIP TOP CIRCLE		2.3 STREET ADDRESS		,
CITY-ST-ZIP	FT MYERS BEACH FL	Floriere	2.4 CITY-ST-ZIP		Change
TITLE	VECCHIO, MARJORIE	[_] DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME Street address	17911 TIP TOP CIRCLE		3.2 NAME 3.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS BEACH FL		3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME		<b></b> -	4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		F7'2-:	5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP	,	

14. I 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 secure this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or or an attachment with an address.