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

PROFIT CORPORATION ANNUAL REPORT

ROCKHOPPER SERVICES, INC.



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1998 DOCUMENT # P93000030932 (6)

FILED Apr 24 1998 8:00am Secretary of State



Oringinal Olas	no al Ducinas	Madine Address				
Principal Place of Businoss Mailing Address						
813 E. BLOOMINGDALE AVE.   B13 E. BLOOMINGDALE AVE.   SUITE 193   SUITE 193			AVE.			
BRANDON FL 33511		BRANDON FL 33511			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
					04/26/1993	
2. Principal Place of Business		2a, Mailing Address	<u> </u>		4. FEI Number Applied For	
21 Suite Apl # etc		Suite. Apt #, etc.			59-3182225 Not Applicable	
Suite, Apt. #, etc.		<del></del>			<b>5.</b> Certificate of Status Desired Fee Required	
City & State		Cily & Stale			Election Campaign Financing     \$5.00 May Be	
23					Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Countr	y	This corporation owes or has paid the current year Intangible	
24	25	29	30		Personal Property Tax due June 30.  Yes No	
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Registered Agent	
CHOATE, J. DAVID				Name		
53	15 CLEVLAND ST.		82 Street Ao		dress (P.O. Box Number is Not Acceptable)	
HOLLYWOOD FL 33021			L_			
			83			
			84	City	85 Zip Code	
				- "	FL	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida State	utes, the abov	e-named cor	poration submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered	
agent. I a	am familiar with, and accept the oblig	gations of, Section 607.0505, F	Florida Statute	S.	and its board of directors. Thereby accept the appointment as registered	
SIGNATURE						
	Signature, typed or printed name of registered by			ent signature requ	uired when reinstating)  DATE  DATE  DATE	
12.	PTD OFFICERS AF	ND DIRECTORS  DELETE	13. 1.1 TITLE	<del></del>	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition	
NAME	CHOATE, J D		1.2 NAME		Colonings Colonium	
STREET ADDRESS	5315 CLEVELAND STR			T ADORESS		
CITY-ST-ZIP	HOLLYWOOD FL		1.4 CiTY-			
TITLE	VSD	☐ DELETE	2 1 TITLE	31-211	Change Addition	
NAME			22 NAME			
STREET ADDRESS	5315 CLEVELAND STR		2.3 STAEE	ADDRESS	<b>'.</b>	
CITY-ST-ZIP HOLLYWOOD FL			2.4 CITY-ST-ZIP			
TIFLE			3.1 TITLE		Change Addition	
NAME	İ		3.2 NAME		·	
STREET ADDRESS			3.3 STREE	I ADDRESS		
CITY-ST-ZIP			34 CITY-			
TITLE			4.1 TITLE		☐ Change ☐ Addition	
NAME	ì		4. 2 NAME	}		
STREET ADDRESS			4.3 STREE	ADDRESS		
CITY-S1-ZIP			4.4 CITY-1	ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS	1		53 STREE	ADDRESS		
CITY - ST - ZIP			5 4 CITY - S	ST-ZIP		
YETLE		DELETE	61 TITLE		☐ Change ☐ Addition	
NAME			6 2 NAME	f		
STREET ADDRESS			6 3 STREE	ADDRESS		
CITY-ST-ZIP	<u> </u>		6.4 CITY - 5			
14. I hereby	certify that the information supplied a	with this filing does not qualify	for the exemp	ition stated in	Section 119.07(3)(i). Florida Statutes, I further certify that the information	

14. Thereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119 07(5)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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 recover 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 all attachment with ap address.

SIGNATURE:

4/17/98 (813) 681-0183