

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

Amended

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED

97 OCT 16 AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000051115 (2)

ROCKFILL ASSOCIATES, INC.

Principal Place of Business 2700 Rockfill Rd. Fort Myers, FL 33916 U.S.	Mailing Address P. O. Box 27 Fort Myers, FL 33902-0027 U.S.
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3. Date Incorporated or Qualified 07/21/93	3a. Date of Last Report 05/19/97
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	4. FEI Number NOT APPLICABLE	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

STRAYHORN, BRUCE
2125 FIRST ST., SUITE 200
FORT MYERS, FL 33901

10. Name and Address of New Registered Agent

81 Name BROOKS, DAVID	82 Street Address (P.O. Box Numbers Not Acceptable) 2700 ROCKFILL RD.
83	84 City FORT MYERS
85 Zip Code FL 33916	

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 *David Brooks* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP	NAME STRAYHORN, BRUCE	1.1 TITLE D	NAME STRAYHORN, BRUCE
STREET ADDRESS 2125 FIRST ST., SUITE 200	CITY-ST-ZIP FORT MYERS, FL 33901	1.2 NAME 2125 FIRST ST., SUITE 200	1.3 STREET ADDRESS FORT MYERS, FL 33901
TITLE VPST	NAME HIMSCHOOT, ROBERT D.	2.1 TITLE 400002323554-0	2.2 NAME -10/17/97-01113-003
STREET ADDRESS 6482 MORGAN LA FEE	CITY-ST-ZIP FORT MYERS, FL 33912	2.3 STREET ADDRESS *****61.25 *****61.25	
TITLE P	NAME BROOKS, DAVID	3.1 TITLE P	NAME BROOKS, DAVID
STREET ADDRESS 2700 ROCKFILL RD.	CITY-ST-ZIP FORT MYERS, FL 33916	3.2 NAME 2700 ROCKFILL RD.	3.3 STREET ADDRESS FORT MYERS, FL 33916
TITLE 4.1 TITLE	NAME 4.2 NAME	4.1 TITLE 4.2 NAME	4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
STREET ADDRESS 5.1 TITLE	CITY-ST-ZIP 5.2 NAME	5.1 TITLE 5.2 NAME	5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE 6.1 TITLE	NAME 6.2 NAME	6.1 TITLE 6.2 NAME	6.3 STREET ADDRESS 6.4 CITY-ST-ZIP
STREET ADDRESS 6.3 STREET ADDRESS	CITY-ST-ZIP 6.4 CITY-ST-ZIP		

14. I do 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 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]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)