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

PROFIT CORPORATION

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED Jun 04 1998 8:00am

	Jal Repof		Secretar	y of State	Secretary of State
	19 98	100	DIVISION OF C	CORPORATIONS	Secretary of State
	MENT #		0066900 (0)		
ROCKY	VOOD ENTE	ERPRISES, INC.			
Principal Plac	e of Business		Mailing Address		
4431 S. PLEASANT GR. RD. 4431 S. PLEASANT GR. RD				₹D .	
INVERNESS F			INVERNESS FL 34452		DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
					09/20/1993
	lace of Business	3	2a. Mailing Address		4. FEI Number Applied For
Suite, Apt.	# etc		Suite, Apt #, etc.		59-3212506 Not Applicable
22	W, BIC.		27 Solle, Apr. #, etc.		5. Certificate of Status Desired
City & Stat	е		City & State		6. Election Campaign Financing \$5.00 May Be
23			28		Trust Fund Contribution
Zip	-	Country	7 _(p)	Country	8. This corporation owes or has paid the current fear Intangible Personal Property Tax due June 30. ▼Yes □ No
24	9. Name an	d Address of Current	_ 4	30	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
SE	NTURK, SADU			81 Name	
-65	5 E ROSEWO		Box 4.34	82 Street	Address (P.O. Box Number is Not Acceptable)
TATE	VARES FL 327	78 TAVA	Fern AVE		
'		30	Fern AVE	63	
		حار		84 City	FL 85 Zip Code
11. Pursuani	to the provisions	s of Sections 607 0502	and 607.1508, Florida Statute	es, the above-named	
office or r agent. La	registered agent im familiar with	, or both, in the State c and accept the obligat	of Florida. Such change was a lions of, Section 607.0505, Flo	ulhorized by the corp irida Statutes.	corporation submits this statement for the purpose of changing its registered location's board of directors. I hereby accept the appointment as registered
SIGNATURE	22	centurli-	SADUN SE	NTURK	5-29-98
12.	Structure, Question p	inted hanc of registered tigent OFFICERS AND		: Registered Agent signature	required whon reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PTCS	C/11/C/L 11/3 2/19/2	M DELETE	11 TITLE	DTC C LChange Addition
NAME	TURAN, AL	AEDDIN		12 NAME	CANUAL
STREET ADDRESS					SENTURK
CITY-ST-ZIP	TAVADEC (SEWOOD LANE		13 STHEET ADDRESS	P.O.BOX 434 - 310 FERN AVE
	TAVARES F		Obless	1.4 CITY-ST-ZIP	SENTURK, SADUN P.O.BOX 434 - 310 FERN AVE TAVARES FL 32778
TITLE	TAVAREST		DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	P.O.BOX 434 - 310 FERN AVE TAVARES FL 32778 G Change Addition
NAME	TAVARES		DELETE	1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	TAVARES FL 32778
	INVANCO		DELETE	1.4 CHY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	TAVARES FL 32778
name Street address	INVANCO		☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	TAVARES FL 32778
NAME STREET ADDRESS DITY-ST-ZIP	TAVANEO			1.4 City-St-Zip 2.1 Title 2.2 Name 2.3 Street Address 2.4 City-St-Zip	TAVARES FL 32778 G Change Addition
NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS	TAVANCO			1.4 CHY-SI-ZIP 2.1 THUE 2.2 NAME 2.3 STREET ADDRESS 2.4 CHY-SI-ZIP 3.1 THUE	TAVARES FL 32778 G Change Addition
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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

GNATURE:

\$29-98 (352)637-00

SIGNATURE:

(352)637-0081