

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000065864 (8)

1. Corporation Name

ROCK ROLL N' BLADE, INC.



Principal Place of Business

Mailing Address

401 NORTH MOODY ROAD
BLDG 4
PALATKA FL 32177

~~401 NORTH MOODY ROAD~~
~~BLDG 4~~
PALATKA FL 32177

3. Date Incorporated or Qualified

09/08/1994

3a. Date of Last Report

01/23/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

24

Zip

Country

29

Zip

Country

25

30

32177

FLORIDA

4. FEI Number

59-3265286

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

81

Name

G. Edward MacClellan

82

Street Address (P.O. Box Number is Not Acceptable)

HCO-1-Box 78

83

84

City

PALATKA

FL

85

Zip Code

32177

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

G. Edward MacClellan
Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

3-14-96

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

☐ DELETE

NAME

MACCLELLAN, LOU ANN B

STREET ADDRESS

~~401 NORTH MOODY ROAD-BLDG 4~~

CITY-ST-ZIP

PALATKA FL 32177

TITLE

VD

☒ DELETE

NAME

~~WILSON, ELLEN J~~

STREET ADDRESS

~~401 NORTH MOODY ROAD-BLDG 4~~

CITY-ST-ZIP

~~PALATKA FL 32177~~

TITLE

SD

☒ DELETE

NAME

~~WILSON, HERBERT E II~~

STREET ADDRESS

~~401 NORTH MOODY ROAD-BLDG 4~~

CITY-ST-ZIP

~~PALATKA FL 32177~~

TITLE

TD

☐ DELETE

NAME

MACCLELLAN, G. EDWARD

STREET ADDRESS

401 NORTH MOODY ROAD-BLDG 4

CITY-ST-ZIP

PALATKA FL 32177

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

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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)(k), 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:

G. Edward MacClellan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

G. Edward MacClellan

3-14-96

Date

Daytime Phone #

325-1916

904-700-1111

CR2E034 (12/95)