FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000074852 (2)**

1. Corporation Name

R.C. ROWLAND & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
8515 N HIMES AVE SUITE 2510 TAMPA FL 33614	8515 N HIMES AVE SUITE 2510 TAMPA FL 33614

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/10/1994	3a. Date of Last Report: N/A
4. FEI Number: 59-3275322	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 City & State	28 City & State
24 Zip / 25 County	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

OBI, ROWLAND C
8515 N HIMES AVE
SUITE 2510
TAMPA FL 33614

10. Name and Address of New Registered Agent

81 Name: N/A
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Section 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: (Typed or printed name of Registered Agent and title if applicable) (New Registered Agent's signature required when necessary) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	C/P/T/S/D/CEO ☐ Change ☒ Addition
NAME	ROWLAND, OBI	12 NAME	ROWLAND C. OBI, ESQ.
STREET ADDRESS	8515 N HIMES AVE SUITE 2510	13 STREET ADDRESS	8515 N. HIMES AVE. SUITE 2510
CITY ST ZIP	TAMPA FL 33614	14 CITY ST ZIP	TAMPA FL. 33614
TITLE		21 TITLE	V/M/D ☐ Change ☒ Addition
NAME		22 NAME	YOU-LEONG CHONG "STEVE" P.E.
STREET ADDRESS		23 STREET ADDRESS	9802 CYPRESS SHADOW AVE.
CITY ST ZIP		24 CITY ST ZIP	TAMPA FL. 33647
TITLE		31 TITLE	V/D ☐ Change ☒ Addition
NAME		32 NAME	HAMID ASHTARI, P.E.
STREET ADDRESS		33 STREET ADDRESS	4015 MULLEN AVE. W.
CITY ST ZIP		34 CITY ST ZIP	TAMPA FL. 33609
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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)(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 with an address, with an asterisk (*) in front of that address, indicating that it is new or changed.

SIGNATURE: R.C. ROWLAND C. OBI 4/14/95 (813)932-2095
(Required) (Typed or printed name of signing officer or director) (Date) (Telephone Number)

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