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CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 14 PM 2:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000079489 (8)

1. Corporation Name

MRS. GOT ROCKS, INC.

Principal Place of Business

1150 CLEVELAND STREET
SUITE 301
CLEARWATER FL 34615

Mailing Address

1150 CLEVELAND STREET
SUITE 301
CLEARWATER FL 34615

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/27/1994

3a. Date of Last Report

2. Principal Place of Business

21 1401 Gulf Blvd

2a. Mailing Address

26 1401 Gulf Blvd

4. FEI Number

59-3276342

Applied For

Not Applicable

Suite, Apt. #, etc.

22 Suite # 2

Suite, Apt. #, etc.

27 Suite # 2

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23 Indian Rocks Beach, FL

City & State

28 Indian Rocks Beach, FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

24 34635

Country

Zip

29 34635

Country

30

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

THOMPSON, DENNIS P
1150 CLEVELAND STREET
SUITE 301
CLEARWATER FL 34615

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE D/P
NAME THOMPSON, DENNIS P
STREET ADDRESS 1150 CLEVELAND STREET, SUITE 301
CITY-ST-ZIP CLEARWATER FL 34615

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE D/P ☒ Change ☐ Addition
12 NAME Nancy R. Hill
13 STREET ADDRESS 1401 Gulf Blvd, #2
14 CITY-ST-ZIP Indian Rocks Beach, FL 34635

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

VP ☐ Change ☒ Addition
Martha Mogle
1401 Gulf Blvd, #2
Indian Rocks Beach, FL 34635

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

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)(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:

Nancy R Hill

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-95

Date

813-595-8131

Signature Printed Name