

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

APPROVED  
AND  
FILED

1997 MAY 12 PM 2:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1996-1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000017941  
1. Corporation Name  
The High Rock Textile, COMPANY

Principal Place of Business  
35 N.W. 1st Avenue  
High Springs, FL  
32643

Mailing Address  
16104 NW 188 Street  
Alachua, FL 32615

2. Principal Place of Business	2a. Mailing Address
21 500 East University Ave.	26 16104 NW 188 Street
22 Suite A	27 Suite, Apt. #, etc.
23 Gainesville, FL	28 Alachua, FL
24 32601	29 32615
25 USA	30 USA

3. Date Incorporated or Qualified 3-3-95	3a. Date of Last Report n/a
4. FEI Number 69-3304939	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Anthony J. Salzman Moody & Salzman, P.A. P.O. Drawer 2759 - 500 E. Univ Ave Gainesville, FL 32602	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joseph C. Grant	1.2 NAME	
STREET ADDRESS	16104 NW 188 Street	1.3 STREET ADDRESS	
CITY-ST-ZIP	Alachua, FL 32615	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELIZABETH T. GRANT	2.2 NAME	500002176465-4
STREET ADDRESS	16104 NW 188 Street	2.3 STREET ADDRESS	-05/13/97-01056-003
CITY-ST-ZIP	Alachua, FL 32615	2.4 CITY-ST-ZIP	***365.00 ***365.00
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
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 is dated 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: Elizabeth T. Grant ELIZABETH T. GRANT 5/7/97 904-454-3997  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
904-454-4355

CR2E034 (9/96)

Date: 5/7/97

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Sir/Madam:

I am writing to request that all future Annual Report forms be forwarded to my Registered Agent, Anthony J. Salzman, Moody & Salzman, P.A., P.O. Drawer 2759, Gainesville, FL 32602, unless your office is notified in writing otherwise at a later date.

I appreciate your assistance in this matter.

GRANT, GRANT & ASSOCIATES

By: Elyse A. Grant  
Title: President