Feb 15, 1999 8:00 am

Secretary of State

02-15-1999 90008 050 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000047453

1. Corporation ROCK SC							
Principal Place	of Business	Mailing Address				•	
2314 42ND ST SW NAPLES FL 34116		2314 42ND ST SW NAPLES FL 34116 US		DO NOT WRITE IN THIS SPACE			
US		•			3. Date Incorporated or Qualifed 06/15/1995		
2 Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		ied For
	ace of business	26	26		65-0592013		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	- Fee Required	
City & State	3	City & State			6. Election Campaign Financing Trust Fund Contribution	Added to Fees	
23 Zin	Country	Zip	Cour	itry	8. This corporation owes the current year	r Intangible	
Zip	25	29 30	0		Personal Property Tax.		□No
24	9. Name and Address of Cur			81 Name	10. Name and Address of New Registe	red Agent	
11. Pursuant office or agent. I a					poration submits this statement for the purpo on's board of directors. I hereby accept the	FL 85 Zip Conse of changing its rappointment as reg	
SIGNATURE	Signature, typed or printed name of registered	r ugunt pria mar		Agent signature require	ed when reinstating) DA ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO	RS IN 12
12.	OFFICERS	AND DIRECTORS	13.			Change	☐ Addition
TITLE NAME STREET ADDRESS		☐ DELETE		TREET ADDRESS	on the control	,	
CITY-ST-ZIP	NAPLES FL	DELETE	1.4 C	TY-ST-ZIP		Change	☐ Addition
TITLE	STD	C) DECETE	2.2 N				
NAME STREET ADDRESS	PLUMMER, DEBORAH J 2314 42ND ST SW		1	TREET ADDRESS	•		^
CITY-ST-ZIP	NAPLES FL		_	CITY-ST-ZIP		Change	Addition
TITLE	VD . DELETE		3.1 T		·	_ , -	
NAME STREET ADDRES	PLUMMER, TROY A			32 NAME  3.3 STREET ADDRESS  A			
CITY-ST-ZIP	CAPE CORAL FL 33990			CITY-ST-ZIP	<u> </u>	Change	Addition
TITLE		☐ DELETE	4.1 T	ITLE	The state of the s	· · · · · · · · · · · · · · · · · · ·	
NAME			•	NAME			
STREET ADDRES	s			TREET ADDRESS		•	
1 7			4.4 (	CITY-ST-ZIP			

6.4 CITY-ST-ZIP 14. I 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 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, with all other like empowered.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZiP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

DELETE

☐ DELETE

. Addition

Addition