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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	1996	NI INT	DIVISION OF	CORPORAT	IONS				
1. Corporation	MENT # P950 ROOK, INC.	000639	006 (8)					
Principal Plac	e of Business	Mailing Ad	dress				BUIL BROTT BARRO ((N 00140 DIN 1881
9225 GULFSHORE DRIVE NORTH 9225 GULFSHORE DRIVE NAPLES FL 33963 NAPLES FL 33963									
						3. Date Incorporated or Qualified 08/17/1995	3a. Dat	e of Last F	Report
	lace of Business	2a. Mailing	Address			4. FEI Number			Applied For
Suite, Apt.	# oto	26				59 333 45	37		Not Applicable
City & Stat		27	Apt. #, etc.			5. Certificate of Status Desired			5 Additional Required
23	e	28 City &	State			6. Election Campaign Financing Trust Fund Contribution			0 May Be
Zip	Country	Zip	·	Countr	<i>y</i>	This corporation has liability for			ed to Fees
24	25	29		30	,		rintangibie ta es ∏No	ax under s	199.032,
	9. Name and Address of Curr	rent Registered A	gent			10. Name and Address of New	Registered	Agent	
LOCKE	D IOCEDIA D IO			81	Name				
Locker, Joseph R Jr. 2150 Goodlette Road					Street Add	dress (P.O. Box Number is Not Accepta	able)		
6TH FLOOR				83					
NAPLES FL 33963					<u> </u>				
				84	1 - 7		EI		p Code
11. Pursuant t	to the provisions of Sections 607.05	02 and 607.1508,	Florida Statutes	, the above-	named corpo	pration submits this statement for the property of disperses.	urpose of cha	inging its	registered office
familiar wi	th, and accept the obligations of, Se	ection 607,0505, Fk	was authorized orida Statutes.	by the corp	oration's bo	pration submits this statement for the plant of directors. I hereby accept the ap	pointment as	registered	l agent. I am
SIGNATURE .	Shore the stand or a sixted many of a sixted		· · · · · · · · · · · · · · · · · · ·						
12.	Signature typed or printed name of registered age OFFICERS A	OND DIRECTORS	(NOTE	: Registered Ager	nt signature requir	ed when renstating) ADDITIONS/CHANGES TO OF	DATE:	DIDECTO	DO IV. 40
TITLE	PRESIDENT	·] DELETE	1. 1 TITLE		ADDITIONS/CHANGES TO OF		Change	Addition
NAME	TOM GOODWIN	/		1.2 NAME			_		
STREET ADDRESS	TOM GOODWIN 9225 GULPSHO NAPLES, FL.	orb Dr. N	J.	1.3 STREET	ADDRESS				
CITY-ST-ZIP	NAPLES, FL.	33963	·· ·	1.4 CITY - S	T-ZIP				
THTLE) DELETE	2 1 TITLE				Change	Addition
NAME STREET ADDRESS				22 NAME					
CITY - ST-ZIP				2 3 STREET	i i				
TITLE			DELETE	2.4 CiTY-S 3. 1 TiTLE	T-ZIP			7.00	
NAME		<u> </u>	•	3.2 NAME			L.	Change	Addition
STREET ADDRESS				3 3. STREET	ADDRESS		• •		
CITY - ST - ZIP				34 CITY-S					
TITLE			DELETE	4 1 TITLE				Change	Addition
NAME CTOSET ADDRESS				4.2 NAME	1				
STREET ADDRESS CITY-ST-ZiP				4.3 STREET					
TITLE			DELETE	4 4 CITY - S	I - ZIP) Charas	T Advance
NAME			,: -	5.2 NAME			Ĺ.] Change	☐ Addition
STREET ADDRESS				5 3 STREET	ADDRESS				
CITY-ST-ZIP				5.4 CITY - ST					
TITLE			DELETE	6 1 TITLE] Change	Addition
NAME				6.2 NAME			_		_
STREET ADDRESS				63 STREET	ADDRESS				
CITY-ST-ZIP				64 CITY-ST	-ZIP				

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:

96 941 566 - 2017 Date Dayline Prone ?