


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

FILED
Aug 10, 1999 8:00 am
Secretary of State

08-10-1999 90014 005 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000089961**

1. Corporation Name
RODEKI CORP.

Principal Place of Business
**724 NORTH HIGHLAND AVE.
CLEARWATER FL 34615**

Mailing Address
**724 NORTH HIGHLAND AVE.
CLEARWATER FL 34615**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/27/1995

4. FEI Number

65-0625125

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 **2284 Victory Avenue**

2a. Mailing Address

26 **2284 Victory Avenue**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 **Largo FL**

City & State

28 **Largo FL**

Zip

24 **33770**

Country

Zip

29 **33770**

Country

30

9. Name and Address of Current Registered Agent

**DELASHAW, ROBERT L II
724 N. HIGHLAND AVE.
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 reinstating)

DATE

OFFICERS AND DIRECTORS

12.

TITLE	PDT	<input checked="" type="checkbox"/> DELETE
NAME	DELASHAW, ROBERT L SR	
STREET ADDRESS	724 NORTH HIGHLAND AVENUE	
CITY-ST-ZIP	CLEARWATER FL 34615	

TITLE	V	<input type="checkbox"/> DELETE
NAME	PURDON, DENYCE L	
STREET ADDRESS	718 NORTH HIGHLAND AVENUE	
CITY-ST-ZIP	CLEARWATER FL 34615	

TITLE	T	<input type="checkbox"/> DELETE
NAME	DELASHAW, ROBERT L	
STREET ADDRESS	724 NORTH HIGHLAND AVENUE	
CITY-ST-ZIP	CLEARWATER FL 34615	

TITLE	S	<input type="checkbox"/> DELETE
NAME	DELASHAW, KIM	
STREET ADDRESS	111 BELLE ISLE AVENUE	
CITY-ST-ZIP	BELLEAIR BEACH FL 34635	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Purdon, Denyce L
2.3 STREET ADDRESS	2201 Bayshore Dr
2.4 CITY-ST-ZIP	Belleair Beach FL 33786

3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Delashaw, Robert L
3.3 STREET ADDRESS	2284 Victory Avenue
3.4 CITY-ST-ZIP	Largo FL 33770

4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SD
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE:

Robert L. Delashaw, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/11/99

727-430-2920
Date
Business Phone