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Feb 03 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000012714 (7)

1. Corporation Name

ROCK SOLID MARBLE CARE INC.



Principal Place of Business

1425 14TH LANE  
GREEN ACRES FL 33463

Mailing Address

1425 14TH LANE  
GREEN ACRES FL 33463-4358

3. Date Incorporated or Qualified

02/05/1996

3a. Date of Last Report

2. Principal Place of Business

21 361 OSBORNE DR.

2a. Mailing Address

26 361 OSBORNE DR

4. FEI Number

65-064 0289

Applied For

Not Applicable

Suite, Apt. #, etc.

22 PALM SPRINGS FL

Suite, Apt. #, etc.

27 Palm SPRINGS FL

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

City & State

23 33461-2076

City & State

28 33461-2076

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

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

9. Name and Address of Current Registered Agent

RHODES, RICKY M  
1425 14TH LANE  
GREEN ACRES FL 33463

10. Name and Address of New Registered Agent

81

Name RHODES, RICK M.

82

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

361 Osborne Dr

83

Palm Springs FL 33461

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

*Ricky M Rhodes*  
Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME RHODES, RICKY M  
STREET ADDRESS 1425 14TH LANE  
CITY-ST-ZIP GREEN ACRES FL 33463

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition  
1.2 NAME RHODES, RICK M.  
1.3 STREET ADDRESS 361 OSBORNE RD  
1.4 CITY-ST-ZIP Palm Springs FL 33461

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 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:

*Ricky M Rhodes*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-27-97 (561) 644-9845

CR2E034 (9/96)