FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT 1997	FLORIDA DEPARTMENT OF STATE **Sandra B. Mortham** Secretary of State DIVISION OF CORPORATIONS

FILED
May 16 1997 8:00am
Secretary of State

DOCUMENT # P96000059218 (3)
1. Corporation Name
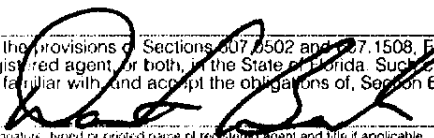
DAN BROCK, INC

Principal Place of Business	Mailing Address
464 ST ANDREWS BLVD NAPLES FL 34113	464 ST ANDREWS BLVD NAPLES FL 34113-7800

3. Date Incorporated or Qualified **07/15/1996**	3a. Date of Last Report (FIRST TIME)

2. Principal Place of Business
21 464 ST. ANDREWS BLVD

2a. Mailing Address
26 9165 TANCELO BLVD

4. FEI Number 65-0683370 | Applied For | Not Applicable

22 Suite, Apt. #, etc.
27 Suite, Apt. #, etc.

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

23 City & State NAPLES, FC
28 City & State FORT MYERS

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

24 Zip 34113 | 25 Country U.S.A.
29 Zip 33912 | 30 Country U.S.A.

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

9. Name and Address of Current Registered Agent

BROCK, DAN F
464 ST ANDREWS BLVD
NAPLES FL 34113

10. Name and Address of New Registered Agent

81	Name SAME
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 617.1508, 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 _DAN F. BROCK PRES. CEO_ DATE 4/29/97
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PRES-/CEO ☐ DELETE NAME DAN BROCK STREET ADDRESS 464 ST. ANDREWS BLVD CITY-ST-ZIP NAPLES, FC 34113		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE V. PRES/ SECRETARY ☐ DELETE NAME KATHRYN BAYS STREET ADDRESS 9165 TANCELO BLVD CITY-ST-ZIP FORT MYERS, FC 33912		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE DIRECTOR/ TREASURER ☐ DELETE NAME DIANE BROCK STREET ADDRESS 464 ST. ANDREWS BLVD CITY-ST-ZIP NAPLES, FC 34113		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

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: _DAN F. BROCK CEO/PRES 4/29/97_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 1-800-527-9960