

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

FILED

May 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000060728 (8)

1. Corporation Name
ROCKY COLA, INC.



Principal Place of Business
4310 S.W. 20TH AVENUE
GAINESVILLE FL 32608

Mailing Address
P.O. BOX 13288
GAINESVILLE FL 32604-1288

3. Date Incorporated or Qualified 07/18/1996
3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 4310 S.W. 20th Av.

22 City & State

27 Gainesville, FL

23 Zip

25 Country

28 32608

30 U.S.A.

4. FEI Number

Applied For

59-3396719

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LUCARELA, CARL
4310 S.W. 20TH AVENUE
GAINESVILLE FL 32608

81 Name

KUN HUANG

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

4310 S.W. 20TH AVENUE

83

84 City

GAINESVILLE

FL

85 Zip Code

32608

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 of registered agent or director if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

KUN. HUANG

5/17/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME HUANG, KUN
STREET ADDRESS P.O. BOX 13288 NA
CITY- ST- ZIP GAINESVILLE FL 32604

☐ DELETE

1.1 TITLE VTS
1.2 NAME VICKY LUU
1.3 STREET ADDRESS 4310 S.W. 20TH Ave.
1.4 CITY- ST- ZIP GAINESVILLE, FL 32608

☐ Change ☒ Addition

TITLE D
NAME SONG, KUN
STREET ADDRESS P.O. BOX 13288 NA
CITY- ST- ZIP GAINESVILLE FL 32604

☒ DELETE

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

☐ Change ☐ Addition

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 and dated 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/97

352-335-4888

Date Daytime Phone

CR2E034 (9/96)