Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

☐ Yes

□No

Not Applicable

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000028875

24

ROCA BATON KITCHEN COMPANY, INC.

CORPORATION SERVICE COMPANY

27 City & State City & State 28 23 Country Country Zip

26 Suite, Apt. #, etc. Suite, Apt. #, etc.

25 30 29 9. Name and Address of Current Registered Agent

Mar 22, 1999 8:00 am **Secretary of State**

03-22-1999 90133 046 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

Trust Fund Contribution

Personal Property Tax.

Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

03/31/1997

<u>65-0734462</u>

4. FEI Number

1201 HAYS STREET TALLAHASSEE FL 32301-2525			2) Street Address (P.O. Box Number is Not Acceptable)					
		84	City	՝ <u> </u>	<u>.]]</u>	Zip Co		
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: Regis	stered Agen	t signat	ature required when reinstating) DATE				
12. OFFICERS AND DIRECTORS 13.								
TITLE		1.1 TITLE			☐ Cha		Addition	
NAME	<u> </u>	1,2 NAME						
STREET ADDRESS	ALLE DE COMPANY AND LA	1.3 STREET	ADDRI	RESS				
CITY-ST-ZIP		1,4 CITY-ST	T-ZIP					
TITLE		2.1 TITLE			Cha	nge	☐ Addition	
NAME		2.2 NAME		E .			l	
STREET ADDRESS		2.3 STREET	ADDRI	RESS			İ	
CITY-ST-ZIP	•	2.4 CITY-S	T-ZIP	<u>* · · </u>				
TITLE	☐ DELETE	3.1 TITLE			☐ Chai	nge	☐ Addition	
NAME		3.2 NAME						
STREET ADDRESS		3.3 STREET	ADDR	≀EŞS				
CITY-ST-ZIP		3.4. CITY-S	T-ZIP					
TITLE	☐ DELETE	4,1 TITLE			☐ Cha	nge	Addition	
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CITY-ST-ZIP		4.4 CITY-ST	T-ZIP				- : '	
TITLE	☐ DELETE	5.1 TITLE			☐ Cha	ınge	Addition	
NAME		5.2 NAME						
STREET ADDRESS		5.3 STREET	ADDR	ŒSS				
CITY-ST-ZIP		5.4 CITY-S1	T-ZIP					
TITLE	☐ DELETE	6.1 TITLE			☐ Cha	inge	☐ Addition	
NAME	I	6.2 NAME					İ	
STREET ADDRESS		6.3 STREET	r addr	TESS				
	l '	EACITY-S	T. 7ID					

81 Name

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 gher like empowered.