

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Aug 04 1998 8:00am
Secretary of State

DOCUMENT # **P97000041817 (2)**

1. Corporation Name
54 ROCKYARD, INC.



Principal Place of Business

**31108 HWY 54 W
ZEPHYRHILLS FL 33543**

Mailing Address

**31108 HWY 54 W
ZEPHYRHILLS FL 33543**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/08/1997

2. Principal Place of Business

21 **8340 Fort King Rd.**

Suite, Apt. #, etc.

22 **FL**

City & State

Zip

24 **33541**

County

25 **Pasco**

2a. Mailing Address

26 **8340 Fort King Rd**

Suite, Apt. #, etc.

27 **FL**

City & State

Zip

29 **33541**

County

30 **Pasco**

4. FEI Number

59-3454251

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**REIBER, JACOB I
27429 STATE RD 54 W
WESLEY CHAPEL FL 33544**

10. Name and Address of New Registered Agent

81 Name

Harry D. Brown

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

8340 Fort King Road

83

84 City

Zephyrhills

FL

85 Zip Code

33541

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

Harry D. Brown

7-23-98

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	<input type="checkbox"/> DELETE
NAME	BROWN, HARRY	
STREET ADDRESS	8340 FORT KING RD	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JENKINS, WENDELL	
STREET ADDRESS	17421 EAGLE LN	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MARTIN, JAMES P	
STREET ADDRESS	38942 INEZ AVE	
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DAVIS, JOSEPH T	
STREET ADDRESS	13912 BRIDGE PORT DR	
CITY-ST-ZIP	TAMPA FL 33625	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KILBOURN, WILLIAM	
STREET ADDRESS	533 SUWANNEE CIR	
CITY-ST-ZIP	TAMPA FL 33606	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	900002608345
5.3 STREET ADDRESS	-08/05/98--01082--050
5.4 CITY-ST-ZIP	***150.00
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.

SIGNATURE:

Harry D. Brown

7-6-98

813 834 3478

CR2E034 (5/98)

54 ROCK YARD
8340 FORT KING ROAD
ZENYRHILLS, FL 33541

6 July 1998

Florida Department of State
Division of Corporation
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: 1998 Annual Corporation Report

Dear Sir:

Enclosed are copies of our 1998 Annual Corporation Report and check number 22830 paying amount owed and mailed 3 April 1998 to the address shown on the check.

I checked with the bank after speaking with your office, this date, and the check never cleared the bank. I have replaced the check with another check number 23428.

Thank you,

UNITY TRUCKING, INC.

Peggy Normand
Peggy Normand
Office Manager

Enc.