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 # P97000099401

1. Corporation Name

ROCKY'S, INC.

Mar 25, 1999 8:00 am Secretary of State

03-25-1999 90005 039 ***150.00



Principal Place of Business		Mailing Address				1 1001100 100 10111 10311 00111 00111 30 111 001			
11025 POINT NELLIE DRIVE		11025 POINT NELLIE DRIVE							
CLERMONT FL 34711-8662		CLERMONT FL 34711-8662				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed	001702		
						11/19/1997		ŀ	
2 Princinal Pl	ace of Business	2a. Mailing Address				4. FEI Number	Apr	olied For	
•	Point Nellie Dr.	26 11026 Point	Nelle	ħι.		59-3479675	Not	Applicable	
Suite, Apt.		Suite, Apt. #, etc.		<u>,,,,,</u>			\$8.75 A	dditional	
22		27			···	5. Certificate of Status Desired	Fee.Re	quired	_
City & State	e	City & State	_			6. Election Campaign Financing	\$5.00	, ,	
23		28	_			Trust Fund Contribution	Added to	Fees	
Zip	Country		Zip Country			8. This corporation owes the current year Intangible Personal Property Tax			
24	25	29	30	1		Personal Property Tax. 10. Name and Address of New Registere		LIND	
	9. Name and Address of Curre	int Registered Agent		81	Name	10. Name and Address of New Registere	u Agent		
PAR	TINGTON, RALPH E								
	25 POINT NELLIE DRIVE		82 Street			ess (P.O. Box Number is Not Acceptable)		{	
	RMONT FL 34711-8662			83					
				84	City	F	85 Zip C	Code	
44 Pursuant	to the provisions of Sections 607.05	502 and 607 1508. Florida 5	statutes, the	above	-named corpo	oration submits this statement for the nurnose	of changing its	registered	
l office or re	egistered agent, or both, in the State	e of Florida. Such change w	vas authorize	ed by 1	the corporatioi	n's board of directors. I hereby accept the app	ointment as rec	gistered	
j agent. i ai	m familiar with, and accept the oblig	jations or, Section 607.0505	i, Florida Sia	ilnies.				ĺ	
SIGNATURE	Signature, typed or printed name of registered ag	gent and title if applicable.	(NOTE: Registere	ed Agent	t signature required	when reinstating) DATE)	á
12.		AND DIRECTORS	13.		· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFICERS			Š
TITLE	P	☐ DELET	E 1.1 T	TITLE			☐ Change	Addition	;
NAME	Partington, Ralph		1.21	NAME	}			1	Š
STREET ADDRESS	11025 POINT NELLIE DR		1.3 \$	STREET	ADDRESS				ŗ
CITY-ST-ZIP	CLERMONT FL 34711			CITY-ST	r-ZIP				ç
TITLE		☐ DELET	E 047						•
NAME			2.11	TITLE	1		Change	Addition	
- STREET ADDRESS				TITLE NAME			Change	Addition	
C/TY-ST-ZIP			2.2 1	NAME STREET	ADDRESS		Change	Addition	
		e was a gazaren ez er	.2.2 h	NAME STREET CITY-S					
TITLE		DELET	.2.3 S 2.4 PE 3.1 TE	NAME STREET CITY-S' TITLE			Change	Addition	
TITLE NAME	The state of the s	e was a gazaren ez er	22 N 2.3 S 2.44 IE 3.11 32 N	NAME STREET CITY-S' TITLE NAME	T-ZIP				
		e was a gazaren ez er	22 N 2.3 S 2.44 3.11 3.2 N 3.3 S	NAME STREET CITY-S TITLE NAME STREET	T-ZIP ADDRESS		☐ Change		
NAME STREET ADDRESS CITY-ST-ZIP	The second secon	DELET	22 M 2.3 S 2.4 IE 3.1 T 3.2 M 3.3 S 3.4 .	NAME STREET CITY-S' TITLE NAME STREET CITY-S'	T-ZIP ADDRESS		Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE	The second secon	e was a gazaren ez er	22 h 2.23 S 2.44 IE 3.11 3.21 3.35 3.4. IE 4.11	NAME STREET CITY-S' TITLE NAME STREET CITY-S'	T-ZIP ADDRESS	<u>-</u>	☐ Change		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		DELET	22N 238 2.4 IE 3.11 32N 3.98 3.4 IE 4.11 4.2	NAME STREET CITY-S' TITLE NAME STREET CITY-S' TITLE NAME	T-ZIP ADDRESS T-ZIP		Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		DELET	22N 238 2.4 3.11 32N 3.98 3.4 4.11 4.21 4.38	NAME STREET CITY-S' TITLE NAME STREET CITY-S' TITLE NAME STREET	ADDRESS T-ZIP ADDRESS		Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELET	22N 238 2.4 IE 3.11 32N 3.9 3.4 IE 4.11 4.2 4.33 4.44	NAME STREET CITY-S' TITLE NAME STREET CITY-S' TITLE NAME STREET	ADDRESS T-ZIP ADDRESS		☐ Change	Addition Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		DELET	22N 238 2.41 3.11 32N 3.95 3.4. TE 4.11 4.22 4.38 4.40 TE 5.11	NAME STREET CITY-S' TITLE NAME STREET CITY-S' TITLE NAME STREET CITY-SI TITLE	ADDRESS T-ZIP ADDRESS		Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DELET	22N 238 2.4 3.11 32N 3.95 3.4 1E 4.11 4.2 4.35 4.46 1E 5.11 5.21	NAME STREET CITY-S' TITLE NAME STREET CITY-S' TITLE NAME STREET CITY-SI TITLE NAME	T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP		☐ Change	Addition Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELET	22N 238 2.4 3.11 32N 3.98 3.4 1E 4.11 4.2 4.33 4.40 1E 5.11 5.2N 5.38	NAME STREET CITY-S' TITLE NAME STREET NAME STREET TITLE CITY-SI TITLE NAME STREET	T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP		☐ Change	Addition Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELET	22N 238 2.4 IE 3.11 32N 3.95 3.4 IE 4.11 4.2 4.35 4.46 IE 5.11 5.2N 5.38 6.46	NAME STREET CITY-S' TITLE NAME STREET CITY-S' TITLE NAME STREET CITY-SI TITLE NAME	T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP		☐ Change	Addition Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELET	22N 238 2.4 3.11 3.2N 3.38 3.4 4.11 4.21 4.33 4.44 5.11 5.2N 5.33 5.44 6.11	NAME STREET CITY-S' TITLE NAME STREET CITY-S' TITLE NAME STREET TITLE NAME STREET CITY-SI TITLE CITY-SI TITLE CITY-SI TITLE CITY-SI	T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP		Change	Addition Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Charles Control of the Control of th	☐ DELET	22H 23S 2.44 3.17 3.2H 3.3S 3.4. 4.21 4.3S 4.40 5.11 5.2H 5.3S 5.40 1E 6.11	NAME STREET CITY-S' TITLE NAME STREET CITY-S' TITLE NAME STREET TITLE NAME STREET TITLE NAME STREET TITLE NAME NAME NAME	T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP		Change	Addition Addition	

14. Thereby 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 other like empowered.

SIGNATURE: