## 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 # P98000077312

ROCKHARD DETECTIVE AGENCY, INC.

Principal Place of Business Mailing Address					
4015 PARK BLVD. P.O. BOX 41373					•
PINELLAS PARE	AS PARK FL 33781 ST. PETERSBURG FL 33743				DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed
					09/01/1998
Principal Place of Business     2a. Mailing Address					4. FEI Number Applied For
21		26	6		59-3530863 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired   \$8.75 Additional
22		27	·]		5. Certificate of Status Desired Fee Required
City & Stat	e	City & State	City & State		6. Election Campaign Financing \$5.00 May Be
. 2		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country		8. This corporation owes the current year Intangible
24	25	29 3	10		Personal Property Tax. Yes No
•	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered Agent
			81	Name	
FINANCIAL FOUNDATIONS, INC.			82	Street	Address (P.O. Box Number is Not Acceptable)
2843 THAXTON DR.,#37			02	Ou cot ,	Addicas (1.0. Dax Hamber to Nov. Notes
PALM HARBOR FL 32605			83		
				·	
			84	City	FL 85 Zip Code
44 Pursuant	to the provisions of Sections 607 0501	2 and 607 1508 Florida Statutes	the above	-named	t compration submits this statement for the purpose of changing its registered
office or r	enistered agent, or both, in the State (	of Florida. Such change was auti	nonzed by	tne corpo	poration's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Florid	ia Statutes	•	•
SIGNATURE	Signature, typed or printed name of registered agen	A July W - unlimble (NOTE: D	logistered Agen	t nionatura r	required when reinstating) DATE
12.		D DIRECTORS	13.	it Signature i	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WALLACE, IAN E		1.2 NAME		
	4015 PARK BLVD.		1.3 STREET	ADODECC	·
STREET ADDRESS	PINELLAS PARK FL 33781				<u>'</u>
CITY-ST-ZIP	FINELLAS FARR 1 L 33/01	DELETE	1.4 CITY-S	1-ZIP	Change   ✓ Addition
TITLE		. 🗀 DELETE	2.1 TTLE		1•
NAME ·			2.2 NAME		SWIM, JEFFREY A. 4015 PARK BLVD.
STREET ADDRESS			2.3 STREET		40/5 PARA DEVD.
CITY-ST-ZIP .			2. 4 CITY-S	T-ZIP	PINELLAS PARE FL 33781
TITLE		☐ DELETE	3.1 TΠLE	į	Change [] Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET	ADDRESS	
CITY-ST-ZIP			3.4. CITY-S	T-ZIP	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME		•	4. 2 NAME		
STREET ADDRESS			4.3 STREET	ADDRESS	;
CITY-ST-ZIP	-		4.4 CITY-\$	r-zip	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	· ·		5.2 NAME		

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, with all other like empowered.

5.3 STREET ADORESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

□ DELETE

04/14/99

Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90104 011 \*\*\*150.00

Addition

Change