Applied For

\$8.75 Additional

Fee Required

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 # P98000084026

1. Corporation Name

HOCKNET CORPORATION - ROCKONE CORPORATION

Principal Place of Business 11824 LANCASHIRE DRIVE

2. Principal Place of Business

Suite, Apt. #, etc.

TAMPA FL 33626-2637

21

Mailing Address

11824 LANCASHIRE DRIVE TAMPA FL 33626-2637

2a. Mailing Address

26

12157 W.

Suite, Apt. #, etc.

4.00

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90043 030 ***158.75



DO NOT WRITE IN THIS SPACE	

3. Date Incorporated or Qualifed

59-3547950

5. Certificate of Status Desired, ___ M

09/29/1998 4 FEI Number

City & State	e		City & State				6. Election Can	ipaign Financing		\$5.00 I	-	
23		28	AAMPA	<u></u>			Trust Fund C	ontribution		Added to	Fees	
Zip	Country		Zip	Cou	ntry		8. This corporat	tion owes the curre	-			
24	25	29	33626	30			Personal Pro	perty Tax.		☐ Yes	<u>₩</u> 0	
•	9. Name and Address of Current	Regis	tered Agent	•	<u> </u>		10. Name and A	ddress of New R	egistered A	gent		
					81	Name						
	CK, LAWRENCE A				82	Street Ad	Idress (P.O. Box Num	ber is Not Acceptal	ble)			
	24 LANCASHIRE DRIVE					82 Street Address (P.O. Box Number is Not Acceptable)						
TAM	PA FL 33626-2637				83							
					84	Ola.				85 Zip C	ode.	
					04	City			FL	21p C	,000	
11. Pursuant	to the provisions of Sections 607.0502	and 6	07.1508, Florida Sta	tutes, the a	bove-	named co	orporation submits this	statement for the	purpose of c	hanging its	registered	
office or r	egistered agent, or both, in the State of memory from the State of memory from the obligation of the o	f Flori	da. Such change was	s authorized	i by th	ne corpora	ation's board of directo	rs. I hereby accept	t the appoint	lment as reg	jistered	
agent. i a	m ramiliar with, and accept the obligation	ons or	, 5000011 007.0505, 1	-IOIIUa Stat	ui ç a.							
SIGNATURE	Signature, typed or printed name of registered agent	and title	if applicable. (NC	TE: Registered	Agent :	signature requ	uired when reinstating)		DATE			
12.	OFFICERS AND			13.	-			HANGES TO OFF	ICERS AND	DIRECTO	RS IN 12	
TITLE			☐ DELETE	1.1 TI	π.E	I	()			Change	Addition	
NAME				1.2 N	AME		PHIL EHART					
STREET ADDRESS				135	REFTA	DDRESS 1			1)n=7_32	, 0	
·					TY-ST-		12157 W. LI	NEBAV6H_H 944		ノロエゲーン	ــــــــــــــــــــــــــــــــــــــ	
CITY-ST-ZIP TITLE			☐ DELETE	2.1 TI			T.D	35020	<u> </u>	Change	Addition	
				2.2 N								
NAME						200000		STOCK				
STREET ADDRESS						UDDRESS .	2157 W. LII		toe (وعيدها	<u> 28</u>	
CITY-ST-ZIP "			☐ DELETE		TY-ST-			33626		Change	Addition	
TITLE				3.1 TI			<u>S, D</u>					
NAME				3.2 N			TAMES J. T	OBERTS				
STREET ADDRESS							2157 W. LI	NEBAUGH A	tué	Unit 3	528	
CITY-ST-ZIP					ITY-ST			FL 334	26		Addition	
TITLE			DELETE	4.1 T	TLE		VP D			Change	<u> </u>	
NAME				4. 2 N	AME		BRAD Agn	20				
STREET ADDRESS			• •	4.3 S	TREET A	ADDRESS	12157 W. La	DEBAJEH	Ave	UnIT	328	
CITY-ST-ZIP				4.4 C	TY-ST-	ZIP	TAMPA P	L 3	36260			
TITLE		-	☐ DELETE	5.1 T						☐ Change	☐ Addition	
NAME				5.2 N	AME							
STREET ADDRESS				5.3 S	FREET A	ADDRESS						
CITY-ST-ZIP				5.4 C	TY-ST-	ZIP						
TITLE			☐ DELETE	6.1 T	TLE					☐ Change	Addition	
NAME.				6.2 N	AME							
I WYSTE	l			. 6.3 S	TREET A	ADDRESS						
-												
STREET ADDRESS City-St-ZIP				6.4 C	TY-ST-	.ZIP						

INEBAUGH AVE

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: