

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V08559** (9)

1. Corporation Name
ROCKSLING, INC.



Principal Place of Business
**2915 W ALLINE AVE
#10
TAMPA FL 33611
US**

Mailing Address
**2915 W ALLINE AVE
SUITE 10
TAMPA FL 33611
US**

3. Date Incorporated or Qualified
01/23/1992

3a. Date of Last Report
03/31/1995

4. FEI Number
59-3103590

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 **N/A**

2a. Mailing Address
26 **N/A**

Suite, Apt. #, etc.
22 **N/A**

Suite, Apt. #, etc.
27 **N/A**

City & State
23

City & State
28

Zip
24

Country
25

Zip
29

Country
30

9. Name and Address of Current Registered Agent

**CONNER, DAVID S
2915 W ALLINE AVE
SUITE 10
TAMPA FL 33611**

N/A

10. Name and Address of New Registered Agent

81 Name
CONNOR, DAVID S.

82 Street Address (P.O. Box Number is Not Acceptable)
2915 WEST ALLINE AVE

83

84 City
TAMPA

FL 85 Zip Code
33611

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

DAVID S. CONNOR

(If Not a Registered Agent Signature Required, then registering)

3/10/96

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> DELETE	P	CONNOR, DAVID	2915 WEST ALLINE AVE TAMPA FL
<input type="checkbox"/> DELETE			
<input type="checkbox"/> DELETE			
<input type="checkbox"/> DELETE			
<input type="checkbox"/> DELETE			
<input type="checkbox"/> DELETE			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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400001840674

05/28/96 01030 034

*****200.00**

5/1/96

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

DAVID S. CONNOR

PRESIDENT

3/10/96

835-7149

Date

Daytime Phone #

CR2E034 (12/95)