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Apr 16 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **V37703** (8)

1. Corporation Name:  
**ROCKY ROAD EXPRESS, INC.**

Principal Place of Business  
**11472 SWEET CHERRY LN S  
JACKSONVILLE FL 32225**

Mailing Address  
**11472 SWEET CHERRY LN S  
JACKSONVILLE FL 32225-1029**



3. Date Incorporated or Qualified **05/18/1992** 3a. Date of Last Report **04/29/1996**

2. Principal Place of Business 2a. Mailing Address 4. FEI Number **59-3126229** Applied For Not Applicable

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc. 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

22 City & State 27 City & State 6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23 Zip Country 28 Zip Country 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☒ Yes ☐ No

24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

**NOE, WILLIAM G. JR  
599 ATLANTIC BLVD  
STE 6  
ATLANTIC BEACH FL 32233**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

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 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	JONES, LARRY D.	1.2 NAME	
STREET ADDRESS	11472 SWEET CHERRY LN S	1.3 STREET ADDRESS	
CITY- ST- ZIP	JACKSONVILLE FL	1.4 CITY- ST- ZIP	
TITLE	VST	2.1 TITLE	
NAME	JONES, DARLENE	2.2 NAME	
STREET ADDRESS	11472 SWEET CHERRY LN S	2.3 STREET ADDRESS	
CITY- ST- ZIP	JACKSONVILLE FL	2.4 CITY- ST- ZIP	
TITLE	D	3.1 TITLE	
NAME	JONES, DARLENE	3.2 NAME	
STREET ADDRESS	11472 SWEET CHERRY LN S	3.3 STREET ADDRESS	
CITY- ST- ZIP	JACKSONVILLE FL	3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do 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: *Larry D. Jones* LARRY D. JONES 4/10/97 (904) 641-5216  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone

CR2E034 (9/96)