

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR -4 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V60630 (3)

1. Corporation Name
ANOROC, INC.

Principal Place of Business
**118 W. ADAMS ST.
SUITE 3A
JACKSONVILLE FL 32202**

Mailing Address
**118 W. ADAMS ST.
SUITE 3A
JACKSONVILLE FL 32202**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 08/28/1992	3a. Date of Last Report 02/24/1994
4. FEI Number 59-3171695	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. 189.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**HIEB, E. ALLEN JR
1301 GULF LIFE DR.
SUITE 1500
JACKSONVILLE FL 32207**

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1.1 TITLE	☐ Change ☐ Addition
NAME	SCHULTZ, JOHN R	1.2 NAME	
STREET ADDRESS	118 W. ADAMS ST., #3A	1.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL 32202	1.4 CITY - ST - ZIP	
TITLE	VSC	2.1 TITLE	☐ Change ☐ Addition
NAME	FOSTER, SCOTT R	2.2 NAME	
STREET ADDRESS	118 W. ADAMS ST., #3A	2.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL 32202	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	WELCH, MARSHALL D JR	3.2 NAME	
STREET ADDRESS	25 W. 3RD ST., #601	3.3 STREET ADDRESS	
CITY - ST - ZIP	WILLIAMSPORT PA 17701	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	JACOBY, ROBERT E	4.2 NAME	
STREET ADDRESS	3080 TIMBERLAKE POINT	4.3 STREET ADDRESS	
CITY - ST - ZIP	PONTE VEDRA BEACH FL 32082	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/95 **90-354-1A09**