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95 MAR -1 PM 4:28

INCORPORATION  
ANNUAL REPORT  
1995



DEPARTMENT OF STATE  
JENNIFER M. MURPHY  
Secretary of State  
BUREAU OF CORPORATIONS

DOCUMENT # **333684** (9)

RAPID RATER COMPANY

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
3626 CAGNEY DR TALLAHASSEE FL 32308 US  
P.O. BOX 13055 TALLAHASSEE FL 32317 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	State, Apt. #, etc.	26	Suite, Apt. #, etc.	08/12/1968	02/01/1994
22	City & State	27	City & State	4. FEI Number	Applied For
23	Zip	28	Zip	59-1217692	Not Applicable
24	Country	29	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25		30		<input type="checkbox"/>	
				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
				<input type="checkbox"/>	
				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MADSEN, HENRY E. 6616 KINGMAN TRAIL TALLAHASSEE FL 32308				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature, name and printed name of registered agent and title of corporation) (NOTE: Registered Agent Signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MADSEN, MARY M	1.2 NAME	
STREET ADDRESS	3007 SHAMROCK N APT 25	1.3 STREET ADDRESS	
CITY, ST, ZIP	TALLAHASSEE FL	1.4 CITY - ST - ZIP	32308
TITLE	STD	2.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MADSEN, HENRY E	2.2 NAME	
STREET ADDRESS	6616 KINGMAN TRAIL	2.3 STREET ADDRESS	
CITY, ST, ZIP	TALLAHASSEE FL	2.4 CITY - ST - ZIP	32308
TITLE		3.1 TITLE	<del>SA</del> <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	<del>LOURDES B</del>
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	SA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	MADSEN, LOURDES B
STREET ADDRESS		4.3 STREET ADDRESS	6616 KINGMAN TRAIL
CITY, ST, ZIP		4.4 CITY - ST - ZIP	TALLAHASSEE FL 32308
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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(2)(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. It is I, 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: *Mary M. Madsen* MARY M. MADSEN 2-27-95 (904) 893-9946  
(Signature and printed name of signing officer or director) Date English Number