

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 # **342140** (1)

1. Corporation Name
RDS MANUFACTURING, INC.



Principal Place of Business Mailing Address
**300 INDUSTRIAL PARK DR.
P.O. BOX 1908
PERRY FL 32347**

3. Date Incorporated or Qualified **02/24/1969** 3a. Date of Last Report **04/28/1995**
4. FEI Number **59-1293885** 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 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip 28. Zip
24. Country 25. Country 29. Country 30. Country

9. Name and Address of Current Registered Agent

**SAYERS, ROBERT D.
GOLF COURSE ROAD
PERRY FL 32347**

10. Name and Address of New Registered Agent

B1 Name **Joseph R. Roberts III**
B2 Street Address **P.O. Box Number is Not Acceptable
Johnson-Stripling Rd**
B3
B4 City **Perry** FL B5 Zip Code **32347**

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 I accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE *Joseph R. Roberts III* DATE **4-1-96**

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	SAYERS, ROBERT D.
STREET ADDRESS	GOLF COURSE ROAD
CITY-ST-ZIP	PERRY FL
TITLE	<input type="checkbox"/> DELETE
NAME	S
STREET ADDRESS	ROBERTS, DAVID ALAN
CITY-ST-ZIP	100 DOGWOOD LANE
TITLE	<input type="checkbox"/> DELETE
NAME	T
STREET ADDRESS	ROBERTS, JOSEPH R. III
CITY-ST-ZIP	JOHNSON-STRIPLING ROAD
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	President
1.3 STREET ADDRESS	Joseph R. Roberts III
1.4 CITY-ST-ZIP	Johnson-Stripling Road
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Vice-President
2.3 STREET ADDRESS	Martha Sayers
2.4 CITY-ST-ZIP	Golf Course Rd
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Secretary-Treasurer
3.3 STREET ADDRESS	David Alan Roberts
3.4 CITY-ST-ZIP	100 Dogwood Lane
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 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: *Joseph R. Roberts III*

DATE: **4-1-96** TIME: **904/354-6898**

CR2E034 (12/95)