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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **G55930** **(3)**

1. Corporation Name
FLORIDA RF LABS, INC.

Principal Place of Business	Mailing Address
8851 SW OLD KANSAS AVE STUART FL 34997 US	P O BOX 899 STUART FL 34995-0899 US

3. Date Incorporated or Qualified: 08/10/1983
3a. Date of Last Report: 03/06/1996

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

4. FEI Number: 59-2311425 ☐ 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

9. Name and Address of Current Registered Agent

SAMPSON, DOUGLAS C
3401 SW 42ND AVE
PALM CITY FL 34990

10. Name and Address of New Registered Agent

81 Name: DOUGLAS C. SAMPSON
82 Street Address (P.O. Box Number is Not Acceptable): 8851 S.W. OLD KANSAS AVENUE
83
84 City: STUART FL 85 Zip Code: 34997

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEOD	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	SAMPSON, DOUGLAS C.		1.2 NAME	
STREET ADDRESS	3401 SW 42ND AVENUE		1.3 STREET ADDRESS	8851 S.W. OLD KANSAS AVENUE
CITY-ST-ZIP	PALM CITY FL		1.4 CITY-ST-ZIP	STUART FL 34997
TITLE	PD	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	FENEX, GERALD G		2.2 NAME	
STREET ADDRESS	3401 SW 42ND AVENUE		2.3 STREET ADDRESS	8851 S.W. OLD KANSAS AVENUE
CITY-ST-ZIP	PALM CITY FL		2.4 CITY-ST-ZIP	STUART FL 34997
TITLE	TD	☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	SCHULER, JOHN C		3.2 NAME	
STREET ADDRESS	3401 SW 42ND AVENUE		3.3 STREET ADDRESS	8851 S.W. OLD KANSAS AVENUE
CITY-ST-ZIP	PALM CITY FL		3.4 CITY-ST-ZIP	STUART FL 34997
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: Douglas C. Sampson PRO. (561) 286-9300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0471797