FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

P92000001685 (6)

RATIONAL PLANNING, INC.

Principal Place of Business Mailing Address

1463 MARION AVE. P.O. BOX 13299
TALLAHASSEE FL 32303 TALLAHASSEE F

FILED Apr 08 1997 8:00am Secretary of State



TALLAHASSEE FL 32303		TALLAHASSEE FL 32317-3299			1						
						3.	Date Incorporated or Qualified 11/03/1992	3a. Da	te of La 01/19		ort
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address			4.	FEI Number			-1	ed For
1		26					<u>59-3149246</u>				pplicable
Suite, Apt. #, etc. 2		Suite, Apt. #, etc.	h			5.	Certificate of Status Desired	\$8.75 Additional Fee Required			
City & Stist	C:	City & State	• • • • • • • • • • • • • • • • • • • •			6. Election Campaign Financing \$5.00 May Br Trust Fund Contribution Added to Fees					
Ζ)ρ 1	Country 25	Ζ(p 29]	Cour	ntry		8.	This corporation has liability for Florida Statutes	intangible Yes	tax und XN o	ler s. 19	99.032,
	9. Name and Address of Co	urrent Registered Agent				10.	Name and Address of New Re	gistered /	\gent		
STI	UBBINGS, CARL H			81	Name						
1463 MARION AVE TALLAHASSEE FL 32303			8:		Street Add	lress (P	O. Box Number is Not Acceptab	ole)			
IAL	LLANASSEE FL 32303			83			1-11			Material	
				B4	City	***************************************		FL	85	Zip Co	de
office or r	registered agent, or both, in the t	7 0502 and 607.1508, Florida Stat State of Florida Such change was obligations of, Section 607.0505, t	s authorized	ihu	the corrors	poration ition's b	n submits this statement for the population of directors. I hereby accept	ourpose of ot the app	cnangi ointmer	ng its reg it as reg	egistered gistered
SIGNATURE	Shipature, typical or protest name of registor	red agent and title il applicable (N	OTE: Registered	Age	ent signature requ			DATE			
12.		S AND DIRECTORS	13.				ADDITIONS/CHANGES TO OFFIC	CERS AND			
1•11 F	DP	[] DELETE	1.1 TiT	LE					☐ Cha	nge <u>L</u>	Additio
NAME:	STUBBINGS, CARL H		1.2 NA	ME							
STREET ALIGNESS	1483 MARION AVE.		1.3 \$16	REET.	ADDRESS						
HY-51-71	TALLAHASSEE FL 32303		1.4 CIT	Y - \$1	T-ZIP						
HCF		DELETE	2.1 TIT	LE	f				Cha	nge [Additi
MAINE			2 2 NA	ME	ļ						
THEF* ASJORESS			2 3 ST	REET	ADDRESS						
21 r - \$7 - 710			2. 4 CI	TY-S	ST-ZIP						
ME		DELETE	3,1 1(7	LE					Cha	nge [Additi
AM:			3.2 NAI	ME							
			O.E NA								
TREET ADDRESS.					ADDRESS						
				REET							
(LY - ST - ZIP		DELETE	3.3 \$11	REET 1Y-S					☐ Cha	nge [Additi
CUY+S1+ZIP TILE		[] DELETE	3.3 ST	REET 1Y-S LE			A.T		☐ Cha	nge [Additi
OLY - ST - ZIP TILE AME		[] DELETE	3.3 STI 3.4 CI 4.1 TIT 4. 2 NA	reet 1y-s Le Ame					☐ Cha	nge [Additi
OY - ST - ZIP OTE AM: OREET ADDRESS		[] DELETE	3.3 STI 3.4 CI 4.1 TIT 4. 2 NA 4.3 STI	reet 1y-s Le Ame Reet	ST-ZIP ADDRESS	***************************************			☐ Cha	nge [Additi
UY-ST-ZIP ITTE AAME TREET ADDRESS ITM-ST-ZIP		DELETE	3.3 STI 3.4 CI 4.1 TIT 4. 2 NA	reet Ty-s 'Le Ame Reet Ty-s'	ST-ZIP ADDRESS				☐ Cha		
OLY - ST - ZIP OLE AME STREET ADDRESS OLY - ST - ZIP OLE			3.3 ST/ 3.4 CI 4.1 TIT 4.2 NA 4.3 ST/ 4.4 CI/ 5.1 TIT	reet Ty-s Le Ame Reet Ty-s'	ST-ZIP ADDRESS						
HY-ST-ZIP HTE AME BIREELADDRESS DIY-ST-ZIP HTE MANE			3.3 STI 3.4 CI 4.1 TIT 4. 2 NA 4.3 STI 4.4 CIT 5.1 TIT 5.2 NA	reet Ty-s Le Ame Reet Ty-s' Le Me	ST-ZIP ADDRESS 11-ZIP						
HY-SL-ZIP THE FACTOR SS TY-ST-ZIP OLF TAME FACTOR SS THE FACTOR SS			3.3 STI 3.4 CI 4.1 TIT 4. 2 NA 43 STI 5.1 TIT 5.2 NA 5.3 STI	REET TY-S LE REET TY-S LE ME REET	ADDRESS (1-ZIP						
THE STATE OF THE S		DELETE	3.3 STI 3.4 CI 4.1 TII 4.2 NA 4.3 STI 4.4 CII 5.1 TIT 5.2 NA 5.3 STI 5.4 CII	REET IY-S LE AME REET IY-S REET REET REET	ADDRESS (1-ZIP				Cha	nge [Additi
SHEEF ADDRESS SHEEF ADDRESS SHEEF ADDRESS SHEEF ADDRESS SHEEF ADDRESS			3.3 ST/ 3.4 CI 4.1 TIT 4.2 NA 4.3 ST/ 5.1 TIT 5.2 NA 5.3 ST/ 6.1 TIT	REET TY-S LE AME REET TY-S LE ME REET REET TY-S TLE	ADDRESS (1-ZIP					nge [Additi
STREEL ADDRESS CHY-SL-ZIP THE NAM! STREEL ADDRESS CHY-ST-ZIP THE RAME STREEL ADDRESS CHY-ST-ZIP THE		DELETE	3.3 ST/ 3.4 CI 4.1 TIT 4.2 NA 4.3 ST/ 4.4 CIT 5.2 NA 5.3 ST/ 5.4 CIT 6.1 TIT 6.2 NA	REET TY-S LE AME REET TY-S LE ME REET TY-S TLE TY-S TLE	ADORESS 11-ZIP ADDRESS ST-ZIP		,		Cha	nge [Additio
ECITY-ST-ZIP TITLE ANAM: STREEL ADDRESS CHY-ST-ZIP TO LE RAME STREEL ADDRESS CRY-ST-ZP		DELETE	3.3 ST/ 3.4 CI 4.1 TIT 4.2 NA 4.3 ST/ 4.4 CIT 5.2 NA 5.3 ST/ 5.4 CIT 6.1 TIT 6.2 NA	REET TY-S LE AME REET TY-S' LE ME REET TY-S' LE ME REET REET REET	ADDRESS ADDRESS ADDRESS ST-ZIP ADDRESS ADDRESS				Cha	nge [Additio

. Lob hereby certify that the information supplied with this filing does not quality 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 other 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

CARL # STALE OF BIGHTON

31 March 97

(904) 681 6591