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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

1. Corporal	JMENT # RGO CO., INC		000003	33 (B _.)			1 HOUNDED HE HE	i	lifi Dōne da	ili Sl eti Br es	(64:34 0:2 3 110 0
Principal Pla	ace of Business		Mailing Addre									
1421 CRYSTAL SANDS DRIVE					D.D.o.et				in anter Atili Afl	ili Adlili Bil l	ac ab lik ak al	e makan sisan isili is
JACKSON	IVILLE FL 32218	-	JACKSONVI	STAL SANDS ILLE FL 3221	DHIVE							
2 Principal	Place of Business	·····						3. Date Incorporated 12/22/1993		3a. D	ate of Las 03/17/	
1	r icoc or business		2a. Mailing Add	dress				4. FEI Number			<u> </u>	Applied For
Suite, Apt	t. #, etc.		Suite, Apt.	# etc				59-321679	9		<u> </u>	Not Applicat
2			27	m, OIC,				5. Certificate of Status	s Desired		\$8.	75 Additional
_ City & Sta 3	ite	-	City & State	e				6 Flection Compaign	<u></u>			e Required
Z _I p		Count	28					 Election Campaign Trust Fund Contribe 	Financing ution		\$5	.00 May Be
1	25	Country	Zip		Countr	у		8. This corporation ha		ntanoible	tay under	ded to Fees
·		Address of Current	29 Registered Agent		30			Florida Statutes	☐ Yes	No.		5 188.032,
			Trogratered Agent	<u></u>	81	Name		10. Name and Addres	ss of New R	egistered	Agent	
	O, EDMOND L Crystal Sand	S DRIVE			82			s (P.O. Box Number is N	lot Acceptable	le)		
JACKS	SONVILLE FL 32	218			83	L						
											-	
					84	City					85	Zip Code
 Pursuant 	to the provisions of	f Sections 607.0502	and 607 1508 Florid	la Statutos +	the share	<u> </u>	· · ·				-	
Pursuant or register familiar with GNATURE		,	r cooo, r longa	Statutes.				on submits this statemen of directors. I hereby acco	it for the purp ept the appoi	oose of chintment as	anging its s registere	registered offi od agent. I am
GNATURE	Signature, typod or printe	ed name of registered agent ar	nd title if applicable	Statutes.	legistered Agen			en reinstating:		DATE		
GNATURE .	Signature, typed or printe	ed name of registered agent an OFFICERS AND	nd title if applicable	(NOTE: R	legistered Agen		required who	,		DATE DERS ANG	DIRECT	ORS IN 12
GNATURE . LE	Signature, typod or printe PD WARGO, EE	of name of registered agent ar OFFICERS AND	id title if applicable DIRECTORS DELI	(NOTE: R	legistered Agen			en reinstating:		DATE DERS ANG		ORS IN 12
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED, AME OF SIGNING OFFICER OR DIRECTOR

757-7209 Dayting Phone #