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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 15 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #

(2)

## RUMBY & STIMPSON INC.

Principal Plac	e of Business	Mailing Address		
		•		
1031 SUNSHINE LANE SUITE 102		P O BOX 918017 LONGWOOD FL 32791		
ALTAMONTE SPRINGS FL 32714 US				DO NOT WRITE IN THIS SPACE
US				3. Date Incorporated or Qualified
				06/21/1946
	lace of Business	2a. Mailing Address		4. FEI Number Applied For
Suite, Apt.	# Alo	Suite, Apt. #, etc.		59-0557726 Not Applicable
22	#, 6(C.			5. Certificate of Status Desired See Required
City & Stat	6	City & State	<u></u>	
23		28		6. Election Campaign Financing \$5.00 May Be  Trust Fund Contribution Added to Fees
Zip	Country	Z <sub>I</sub> p	Country	8. This corporation owes or has paid the current year Intangible
24	25	29	30	Personal Property Tax due June 30. X Yes No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered Agent
STI	MPSON, JOHN F JR		81 Name	· · · · · · · · · · · · · · · · · · ·
	9 ALVARADO CT		82 Street	Address (P.O. Box Number is Not Acceptable)
LONGWOOD FL 32779				Tradition (F.O. Box Harrison to Hot Modephable)
			83	
			84 City	85 Zip Code
				<b>FL</b> [ ]
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statu	tes, the above-named	d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
agent la	m familiar with, and accept the obliga	tions of, Section 607.0505, Fl	orida Statutes.	poration's board or directors. Thereby accept the appointment as registered
SIGNATURE				
	Signature, typed or printed name of registered ager		ff. Registered Agent signature	
12.	OFFICERS AND	DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	STIMPSON, JOHN F.JR.	T) NECESE	1.1 TITLE	Director & President K Change Addition
NAME	1709 ALVARDO CT.		1.2 NAME	
STREET ADDRESS	LONGWOOD, FLORIDA 00000		1.3 STREET ADDRESS	32779
CITY-ST-ZIP TITLE	VI	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE	Change Addition
NAME	STIMPSON, JOHN F	X occur	2.2 NAME	Citange Li Addition
STREET ADDRESS	353 IVANHOE PLACE		2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FLORIDA 00000			
TITLE	TID WIDO, I COINDIN DOOD	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE	Secretary Change & Addition
NAME			3.2 NAME	DUCTULAT
STREET ADDRESS			3.3 STREET ADDRESS	Linda L Štimpson
CITY-ST-ZIP			3.4. CITY - ST - ZIP	1709 Alvarado Court
TITLE		☐ DELETE	4.1 TITLE	Longwood FL 32779 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	1.14	☐ DELETE	61 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS	v.		6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY - ST - ZIP	
14. I hereby c	ertify that the information supplied wit	h this filing does not qualify for	or the exemption state	ed 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.				