

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

FILED

May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **219890** (1)

1. Corporation Name
R.M.G. INVESTMENTS, INC.



Principal Place of Business 16520-18 S. TAMAMI TR. #211 FT. MYERS FL 33908	Mailing Address 16520-18 S. TAMAMI TR. #211 FT. MYERS FL 33908
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2. Principal Place of Business 21 524 PECK Ave. S.W. Suite, Apt. #, etc.		2a. Mailing Address 26 524 Peck Ave. S.W. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 02/04/1959	3a. Date of Last Report 05/01/1996
22 City & State 23 Ft. Myers, FL		27 City & State 28 Ft. Myers, FL		4. FEI Number 59-0874436	Applied For Not Applicable
24 Zip 33919		25 Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
29 Zip 33919		30 Country USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

9. Name and Address of Current Registered Agent EVANS, JOHN L JR. 6049 PERTSHIRE LN., S.W. FT. MYERS FL 33908				10. Name and Address of New Registered Agent	
				81 Name Betty J. EVANS	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83 524 PECK Ave. S.W.	
				84 City FT. MYERS	85 Zip Code FL 33919

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 *Betty J. Evans* **Betty J. EVANS** P/S/T/D **4-22-97**
Signature, typed or printed name of registered agent and line if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PSTD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	EVANS, JOHN L JR.			1.2 NAME			
STREET ADDRESS	6049 PERTSHIRE LN SW			1.3 STREET ADDRESS			
CITY-ST-ZIP	FT. MYERS FL 33908			1.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME				2.2 NAME			
STREET ADDRESS				2.3 STREET ADDRESS			
CITY-ST-ZIP				2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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: *Betty J. Evans* **Betty J. EVANS** P/S/T/D **4-22-97** (941) 481-4496
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)