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Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90178 018 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 261287

1. Corporation Name

RMA-JPA TECHNICAL INCORPORATED

Principal Place of Business

**3401 S.W. 40TH BOULEVARD
GAINESVILLE FL 32608**

Mailing Address

**3417 SW 42 WAY
GAINESVILLE FL 32608
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/27/1962

2. Principal Place of Business

21 3417 S.W. 42nd Way

Suite, Apt. #, etc.

2a. Mailing Address

26 3417 S.W. 42nd Way

Suite, Apt. #, etc.

City & State

23 Gainesville FL

Zip

24 32608

Country

25 USA

City & State

28 Gainesville FL

Zip

Country

29 32608

30 USA

4. FEI Number

34-0840662

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 owes the current year Intangible

Personal Property Tax.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ROBERT M. ATKINS

~~**3401 S.W. 40TH BOULEVARD**~~

GAINESVILLE FL 32608

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

3417 S.W. 42nd Way

83

84 City

Gainesville

FL

85 Zip Code
32608

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	ATKINS, ROBERT M	
STREET ADDRESS	3401 SW 40TH BLVD.	
CITY-ST-ZIP	GAINESVILLE FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	ATKINS, PATRICIA C.	
STREET ADDRESS	3401 SW 40TH BLVD.	
CITY-ST-ZIP	GAINESVILLE FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	ATKINS, JOHN P.	
STREET ADDRESS	3401 SW 40TH BLVD.	
CITY-ST-ZIP	GAINESVILLE FL	

TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	MUNNIS, ROBERT J	
STREET ADDRESS	3401 SW 40TH BLVD	
CITY-ST-ZIP	GAINESVILLE FL	

TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	DELL, CHARLES L.	
STREET ADDRESS	3401 SW 40TH BLVD	
CITY-ST-ZIP	GAINESVILLE FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 in an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)