

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


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Feb 18, 1999 8:00am
Secretary of State

02-18-1999 90024 017 ****150.00



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 297596					
1. Corporation Name R.V. MONEY, INC.					
Principal Place of Business 2650 GANDY BLVD ST PETERSBURG FL 33702			Mailing Address LINDAB. INC. 2600 AIRLINE BLVD PORTSMOUTH VA 23701		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/29/1965	
21		26		4. FEI Number 59-1108694	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
GAUSE, PATRICIA E 2650 GANDY BLVD ST PETERSBURG FL 33702				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				FL	85 Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
	PD	NILSSON, LARS E	68 SOUTHFIELD AVE STAMFORD CT 06902	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	CD	CARL-GUSTAT, SONDEN	JARNVAGSGATAN 41, GREVIE S-269 82 BASTAD	1.2 NAME	
	T	HANSSON, LEON	JARNVAGSGATAN 41, GREVIE S-269 82 BASTAD	1.3 STREET ADDRESS	
	S	GAUSE, PATRICIA E	2600 AIRLINE BLVD PORTSMOUTH VA 23701	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 checked="" 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	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)