

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Tallahassee, Florida  
Secretary of State  
1905 North West 31st Ave., Tallahassee, FL 32301

APPROVED  
AND  
FILED

30 MAY 11 11:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **502515** (0)  
1. Corporation Name  
**RTC, INC. OF FOREST CITY**

Principal Office or Headquarters Mailing Address  
**1157 W HWY 436 FOREST CITY FL 32714**

2. Principal Office of Business 26. Mailing Address  
21. State Apt # etc. 27. State Apt # etc.  
22. City & State 28. City & State  
23. City & State 29. City & State  
24. City & State 25. City & State 30. City & State

3. Date incorporated or Qualified 3a. Date of Last Report  
**05/05/1976** **05/01/1994**

4. FEI Number Applied For  
**59-1669099** 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 has liability for corporate tax under  1391 CSE, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**WASHBURN, II G. M.  
5785 GILLIAM RD  
ORLANDO FL 32818**

10. Name and Address of New Registered Agent  
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 607.0507 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (Signature of Registered Agent) \_\_\_\_\_ (Signature of Registered Agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WASHBURN II, G M	12 NAME	
STREET ADDRESS	5785 GILLIAM RD	13 STREET ADDRESS	
CITY, ST, ZIP	ORLANDO FL 32818	14 CITY, ST, ZIP	
TITLE		21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY, ST, ZIP		24 CITY, ST, ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY, ST, ZIP		34 CITY, ST, ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 1391.02, Florida Statutes. I further certify that the information included in this annual report or supplementary annual report is true and accurate and that my corporation shall have the same legal effect as if made under oath. That I am an officer or director of the corporation or the registered broker or issuer of securities and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *G.M. Washburn II* G.M. Washburn II 4/10/95 407 867-0222  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

