FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 7:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 507668

1. Corporation Name
R.N.I., INC.
P. O. Box 48
DeLand, FL 32724-4338

Principal Place of Business | Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/23/1976
3a. Date of Last Report:

2. Principal Place of Business
21 125 E. Indiana Ave
Suite, Apt. #, etc.
22 Suite B
City & State
23 DeLand, Florida
Zip 24 32724 County 25 Volusia

2a. Mailing Address
26 Post Office Box 1870
Suite, Apt. #, etc.
27
City & State
28 DeLand, Florida
Zip 29 32721-1870 County 30 Volusia

4. FEI Number: 592212519 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

Peterson, J. Daniel
145 E. Rich Avenue
DeLand, Florida 32721-1870

10. Name and Address of New Registered Agent

81 Name: Peterson, J. Daniel
82 Street Address (P.O. Box Number is Not Acceptable): 125 E. Indiana Avenue, Suite B.
83
84 City: DeLand, FL 85 Zip Code: 32724

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (#10). Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D Brewster, WM. Patrick 145 E. Rich Avenue DeLand, FL 32724	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	P/D ☒ Change ☐ Addition Brewster, WM. Patrick 125E. Indiana Avenue, Suite B DeLand, FL 32721-1870
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D Sweet, Charles 43 Mountain View Road Ansonia CT	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/S/D Peterson, J. Daniel 145 E. Rich Avenue DeLand, FL	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☒ Change ☐ Addition V/S/D Peterson, J. Daniel 125 E. Indiana Avenue, Suite B. DeLand, FL 32724
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition 100001485811 -05/12/95--01054--019 *****200.00 *****200.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: J. Daniel Peterson 4/28/95 734-2311
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #
J. DANIEL PETERSON