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 APR 21 AM 8:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **507795** **(3)**

1. Corporation Name

RSI HOLDINGS OF FLORIDA,INC.

Principal Place of Business	Mailing Address
901 NW 31ST AVE. FT. LAUDERDALE FL 33311	901 NW 31ST AVE. FT. LAUDERDALE FL 33311

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/28/1976
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 1005 E. DIXON BLVD.
Suite, Apt. #, etc. 22:
City & State 23: SHELBY, NC
Zip 24: 28150 Country 25: CLEVELAND

2a. Mailing Address
26: P.O. Box 520
Suite, Apt. #, etc. 27:
City & State 28: SHELBY, NC
Zip 29: 28150 Country 30: CLEVELAND

4. FEI Number: 58-0527570 ☐ 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

BOLT, CHARLES M
901 NW 31ST AVE
FT. LAUDERDALE FL 33311

10. Name and Address of New Registered Agent

81 Name: BOLT CHARLES M
82 Street Address (P.O. Box Number is Not Acceptable): 3000 N.E. 48TH STREET # 201
83:
84 City: FORT LAUDERDALE FL 85 Zip Code: 33308

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 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	GUY, C.C.	12 NAME		
STREET ADDRESS	1005 E DIXON BLVD	13 STREET ADDRESS		
CITY - ST - ZIP	SHELBY NC	14 CITY - ST - ZIP		
TITLE	DST	21 TITLE	DST	☒ Change ☐ Addition
NAME	OGBURG, JOE F	22 NAME	OGBURN JOE F.	
STREET ADDRESS	1005 E DIXON BLVD	23 STREET ADDRESS	1005 E DIXON BLVD	
CITY - ST - ZIP	SHELBY NC	24 CITY - ST - ZIP	SHELBY, NC	
TITLE	V	31 TITLE		☐ Change ☐ Addition
NAME	CALLAHAN, GARRY	32 NAME		
STREET ADDRESS	901 NW 31 AVE	33 STREET ADDRESS		
CITY - ST - ZIP	FT LAUDERDALE FL	34 CITY - ST - ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	MICKEL, BUCK	42 NAME		
STREET ADDRESS	245 E BROAD ST	43 STREET ADDRESS		
CITY - ST - ZIP	GREENVILLE SC	44 CITY - ST - ZIP		
TITLE	DP	51 TITLE	DP	☒ Change ☐ Addition
NAME	BOLT, CHARLES M.	52 NAME	BOLT, CHARLES M.	
STREET ADDRESS	901 NW 31ST AVE	53 STREET ADDRESS	3000 N.E. 48TH STREET # 201	
CITY - ST - ZIP	FT LAUDERDALE FL	54 CITY - ST - ZIP	FORT LAUDERDALE FL 33308	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY - ST - ZIP		64 CITY - ST - ZIP		

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: Joe F. Ogburn JOE F. OGBURN TREASURER 4/18/95 704-482-3424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0830170 CP