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

CORPORATION ANNUAL REPORT 1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 520351

(8)

**FILED** Jan 23 1998 8:00am Secretary of State

| R.P.M. S   | SERVICES CO., INC.                                |                                       |   |  |
|--|---|---------------------------------------|---|--|
|  | T. D. C.      | Mailles Address                       |   |  |
| · ·  | Principal Place of Business Mailing Address       |                                       |   |  |
| 1515 SEMORAN BLVD. 116 LONG BRANCH ROAD WINTER PARK FL 32792 WINTER PARK FL 32792  |   |                                       |   |  |
| US FARK  | , FL 32/32  | US                                    |   | DO NOT WRITE IN THIS SPACE   |
| **   |   |                                       |   | 3. Date Incorporated or Qualified  |
|  |   |                                       |   | 12/15/1976   |
| 2. Principal Pl  | lace of Business                                  | 2a. Mailing Address                   | market : - 1                            | Applied For Applied For  |
| 21   |   | 26 1452 E. Brookshire Ct.             |   | 59-1719572   Not Applicable  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.                   |   | 5. Certificate of Status Desired Fee Required  |
| City & State   |   | City & State                          |   |  |
| 23   |   | 28 Winter Park                        | l, FL                                   | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution   |
| Zip  | Country   | Zip                                   | Country                                 | This corporation owes or has paid the current year Intangible  |
| 24   | 25  | 29 32 192 3                           | oseminole                               | Personal Property Tax due June 30. X Yes No  |
| 24)  | 9. Name and Address of Curre                      |                                       |   | 10. Name and Address of New Registered Agent   |
| REA  | RGSTRESSER, ROBERT A SR.                          |                                       | 81 Name 5                               | ame  |
| 116 LONG BRANCH ROAD 82 Street Addr  |   |                                       |   | dress (P.Q. Box.Nymber is Not Acceptable)  |
| WINTER PARK FL 32792   |   |                                       | 145                                     | 2 E. Brookshire C+   |
|  |   |                                       | 83                                      |  |
|  |   |                                       | 84 City (, )                            | 85 Zin Code  |
| $1 - \mathcal{U}_{in}$   |   |                                       |   | inter Park FL 85 3 2792  |
| 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 regist 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 registe agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. |   |                                       |   |  |
| 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 and the transfer agent, and accept the obligations of, Section 607,0505, Florida Statutes.   |   |                                       |   |  |
| SIGNATURE  |   |                                       |   |  |
| SIGNATURE  | Signature, typed or printed name of registered ag |                                       | Registered Agent signature rec          | the state of the s |
| 12.  |   | ND DIRECTORS                          | 13.                                     | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition   |
| TITLE  | PD  | ☐ DELETE                              | 1.1 TITLE                               |  |
| NAME   | BERGSTRESSER, R. A. SR.                           |                                       | 1.2 NAME                                | ules F. Brookshire Ct  |
| STREET ADDRESS   | 116 LONG BRANCH RD                                |                                       | 1.3 STREET ADDRESS                      | 1): a to = 0 = 1  C1  37762  |
| CITY-ST-ZIP  | WINTER PARK FL                                    | DELETE                                | 1.4 CITY-ST-ZIP                         | 1452 E. Brookshire Ct<br>Winter Park FL 32792<br>FAME Change Addition<br>452 E. Brookshire Ct<br>Winter Park FL 32792  |
| TITLE  | STD   | ☐ Dereie                              | 211111111111111111111111111111111111111 | AME DIME   |
| NAME   | BERGSTRESSER, P. R.                               |                                       | 2.2 NAME                                | Les F. Brookshire Ct   |
| STREET ADDRESS   | 116 LONG BRANCH RD<br>WINTER PARK FL              |                                       | 2.3 STREET ADDRESS                      | 13:0+ - PALK FL 32792  |
| CITY-ST-ZIP  | WINTER FARR FL                                    | DELETE                                | 2. 4 CITY-ST-ZIP L<br>3.1 TITLE         | Change Addition  |
| TITLE  |   |                                       | 3.2 NAME                                |  |
| NAME   |   |                                       | 3.3 STREET ADDRESS                      |  |
| STREET ADDRESS   |   |                                       | 3.4. CITY-ST-ZIP                        |  |
| CITY-ST-ZIP<br>TITLE   |   | ☐ DELETE                              | 4.1 TITLE                               | Change Addition  |
| NAME   |   |                                       | 4, 2 NAME                               | - <del></del>  |
| STREET ADDRESS   |   |                                       | 4.3 STREET ADDRESS                      |  |
| CITY-ST-ZIP  |   |                                       | 4.4 CITY - ST - ZIP                     |  |
| TITLE  |   | ☐ DELETE                              | 5.1 TITLE                               | Change Addition  |
| NAME   |   | <u>—</u>                              | 5.2 NAME                                |  |
| STREET ADDRESS   |   |                                       | 5.3 STREET ADDRESS                      |  |
| CITY-ST-ZIP  |   |                                       | 5.4 CITY-ST-ZIP                         |  |
| TITLE  |   | DELETE                                | 6.1 TITLE                               | Change Addition  |
| NAME   |   | <del>_</del>                          | 6.2 NAME                                |  |
| STREET ADDRESS   |   |                                       | 6.3 STREET ADDRESS                      |  |
| CITY_ST.7IP  |   |                                       | 6.4 CITY-ST-ZIP                         |  |
| 14. I hereby 0   | 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  |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in obtain 1 sample and in the same legal effect as if made under oath; that I am ar 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.

657-5010