ANNL	PROFIT PORATION JAL REPORT		Sandr Secr	PARTMENT OF S ra B. Mortham etary of State OF CORPORATIO				
DOCUI 1. Corporation		9210	(6)					
RGM	INDUSTRIES, INC.					T INDICTI BILITI ARAK LAKIN TIDAK I	irðir þóði) þjóri blóki	I BIBIR BIBIR BIBIR BIBIR KBER
Principal Place	of Business	Ma	illing Address					
3342 LILLIA TITUSVILLE US			3342 LILLIAN BLVD TITUSVILLE FL 3276 US	90		Date Incorporated or Qualified	2a Dato of	Last Report
2. Principal Pla	oco of Pusinosa					07/17/1978	*****	/17/1995
21		28. 26	Mailing Address			4. FEI Number 59-1366841		Applied For Not Applicable
Suite, Apt. #	ŧ, etc.	27	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required
City & State		28	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be
Zip 24	Country 25		Zip	Country		8. This corporation has liability for	intangible tax u	Added to Fees under s 199.032,
24	9. Name and Address of	29 Current Regist	ered Agent	30		Florida Statutes Yes 10. Name and Address of New	s 🔲 No Registered Ago	ent
GOIGE	, RONALD M			81	Name			
3342 LI	LLIAN BLVD			62	Street Addre	ess (P.O. Box Number is Not Accepta	ble)	
				82 83	Street Addre	ess (P.O. Box Number is Not Accepta	ble)	
TITUSV	illan Blyd Ille fl 32780			83 84	City		Fi	85 Zip Code
11. Pursuant to or registere familiar with SIGNATURE	LLIAN BLVD ILLE FL 32780 o the provisions of Sections 60 of agent, or both, in the State n, and accept the obligations of	of Florida. Such of, Section 607.0	charige was authori 505, Florida Statute:	83 84 tes, the above-na zed by the corpor s.	City med corpora ration's board	ation submits this statement for the pu of of directors. I hereby accept the app	FL	
11. Pursuant to or registere familiar with SIGNATURE	LLIAN BLVD JULE FL 32780 The provisions of Sections 60 ad agent, or both, in the State n, and accept the obligations of Sections of Sections of Communications of Price Office Office	of Florida. Such of, Section 607.0	505, Florida Statute:	83 84 tes, the above-na	City med corpora ration's board	ation submits this statement for the pu of of directors. I hereby accept the app d wher renstating)	FL prose of changing pointment as reg	ing its registered office pistered agent. I am
11. Pursuant to or registere familiar with SIGNATURE 2.	LLIAN BLVD JULE FL 32780 The provisions of Sections 60 ad agent, or both, in the State n, and accept the obligations of Sections of Sect	of Florida, Such of, Section 607.0 red agent and title if ap	505, Florida Statute:	83 84 tes, the above-nated by the corpors. DIE Registered Agent s 13. 1.1 Title	City med corpora ration's board	ation submits this statement for the pu of of directors. I hereby accept the app	FL prose of changing pointment as reconstruction DATE	ing its registered office pistered agent. I am
11. Pursuant to or registere familiar with SIGNATURE	LLIAN BLVD JILLE FL 32780 The provisions of Sections 60 ad agent, or both, in the State in, and accept the obligations of Sections of PD GOIGEL, RONALD M 6765 RIVEREDGE DR	of Hondal, Such ff, Section 607.0 red agent and title if an RS AND DIRECT	change was authori 505, Florida Statute: plicable. (No	83 84 les, the above-na zed by the corpor s. DTE Registered Agent s	City med corpora ration's board	ation submits this statement for the pu of of directors. I hereby accept the app d wher renstating)	FL prose of changing pointment as reconstruction DATE	ing its registered office pistered agent. I am RECTORS IN 12 Change Addition
11. Pursuant to or registere familiar with SIGNATURE	LLIAN BLVD Julie Ft. 32780 The provisions of Sections 60 ad agent, or both, in the State in, and accept the obligations of Sections of S	of Hondal, Such ff, Section 607.0 red agent and title if an RS AND DIRECT	change was aumonic 505, Florida Statute: plicable (N IORS DELETE	83 84 85 86 87 88 88 88 88 88 88 88 88	City med corpora ration's board	ation submits this statement for the pu of of directors. I hereby accept the app d wher renstating)	FL prose of changing pointment as regularity part. DATE FICERS AND DII	ing its registered office pistered agent. I am RECTORS IN 12 Change Addition
TITUSM 11. Pursuant to or registere familiar with SIGNATURE 12. 11. STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	LLIAN BLVD JILLE FL 32780 The provisions of Sections 60 ad agent, or both, in the State in, and accept the obligations of Sections of Sec	in Finder Sugnification 607.0	change was authori 505, Florida Statute: plicable. (No	83 84 185 186 187 188 188 188 188 188 188	City med corpora ration's board agnature required DDRESS ZIP	ation submits this statement for the pu of of directors. I hereby accept the app d wher renstating)	FL prose of changing pointment as regularity part. DATE FICERS AND DII	ing its registered office pistered agent. I am
TITUSM 11. Pursuant to or registere familiar with SIGNATURE 12. TITLE NAME STREE I ADDRESS CITY-ST-ZIP TITLE NAME	LLIAN BLVD JILLE FL 32780 The provisions of Sections 60 ad agent, or both, in the State in, and accept the obligations of Sections of Sec	in Finder Sugnification 607.0	change was aumonic 505, Florida Statute: plicable (N IORS DELETE	83 84 1016 State above na zed by the corpor s. 113. 1.1 Title 1.2 NAME 1.3 STREET AE 1.4 CITY-SI- 2.1 Title 2.2 NAME	City med corpora ration's board agnature required DDRESS ZIP	ation submits this statement for the pu of of directors. I hereby accept the app d wher renstating)	PL prose of change pointment as reg	ing its registered office pistered agent. I am RECTORS IN 12 Change Addition
TITUSM 11. Pursuant to or registere familiar with SIGNATURE 12. TITLE NAME STREEI ADDRESS CITY-ST-ZIP TITLE NAME STREEI ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	LLIAN BLVD JILLE FL 32780 The provisions of Sections 60 ad agent, or both, in the State n, and accept the obligations of Sections of Signature, typed or printed name of registe OFFICE PD GOIGEL, RONALD M 6765 RIVEREDGE DR TITUSVILLE, FL 00000 SD GOIGEL, LILLIAN P. 6765 RIVEREDGE DR TITUSVILLE, FL 00000 TD GOIGEL, PETER J. 199 JERICHO TURNPI	in Finder, Sugniff, Section 607.0	Change was authorized 505, Florida Statutes DELETE DELETE	les, the above-na zed by the corpor s. 13. 1.1 Title 1.2 NAME 1.3 STREET AL 2.2 NAME 2.3 STREET AL 3.4 CITY-SI- 3.1 TITLE 3.2 NAME 3.3 STREET AL 3.3 STREET AL 3.4 STREET AL 3.5 STREET	City med corpora ation's board agnature required DDRESS ZIP DDRESS DDRESS	ation submits this statement for the pu of of directors. I hereby accept the app d wher renstating)	PL prose of change pointment as reg	ing its registered office gistered agent. I am RECTORS IN 12 Change
TITUSM 11. Pursuant to or registere familiar with SIGNATURE 12. TITLE NAME STREEI ADDRESS CITY-ST-ZIP TITLE NAME STREEI ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME TITLE TITLE NAME TITLE	LLIAN BLVD JILLE FL 32780 The provisions of Sections 60 ad agent, or both, in the State n, and accept the obligations of Sections of Sect	in Finder, Sugniff, Section 607.0	Change was authorized 505, Florida Statutes DELETE DELETE	les, the above-na zed by the corpor s. 13. 1.1 Title 1.2 NAME 1.3 STREET AL 1.4 CITY-SI- 2.1 NAME 2.3 STREET AL 2.4 CITY-SI- 3.1 TITLE 3.2 NAME	City med corpora ation's board agnature required DDRESS ZIP DDRESS DDRESS	ation submits this statement for the pu of of directors. I hereby accept the app d wher renstating)	PL propose of changino pointment as reg	ing its registered office gistered agent. I am RECTORS IN 12 Change
TITUSM 11. Pursuant to or registere familiar with SIGNATURE 12. 11ILE NAME STREEI ADDRESS CITY-ST-ZIP TITLE NAME STREEI ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	LLIAN BLVD JILLE FL 32780 The provisions of Sections 60 ad agent, or both, in the State n, and accept the obligations of Sections of Signature, typed or printed name of registe OFFICE PD GOIGEL, RONALD M 6765 RIVEREDGE DR TITUSVILLE, FL 00000 SD GOIGEL, LILLIAN P. 6765 RIVEREDGE DR TITUSVILLE, FL 00000 TD GOIGEL, PETER J. 199 JERICHO TURNPI	in Finder, Sugniff, Section 607.0	Change was authorized 505, Florida Statutes DELETE DELETE DELETE	les, the above-na zed by the corpor s. 13. 1.1 Title 1.2 NAME 1.3 STREET AL 2.2 NAME 2.3 STREET AL 2.4 CITY-SI- 3.1 TITLE 3.2 NAME 3.3 STREET AL 4.1 TITLE 4.2 NAME	City med corpora ation's board ignature required DDRESS ZIP DDRESS ZIP DDRESS ZIP	ation submits this statement for the pu of of directors. I hereby accept the app d wher renstating)	PL propose of changino pointment as reg	ing its registered office gistered agent. I am RECTORS IN 12 Change
TITUSM 11. Pursuant to or registere familiar with SIGNATURE 12. 11LE NAME STREEI ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S!-ZIP TITLE NAME STREET ADDRESS CITY-S!-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP	LLIAN BLVD JILLE FL 32780 The provisions of Sections 60 ad agent, or both, in the State n, and accept the obligations of Sections of Signature, typed or printed name of registe OFFICE PD GOIGEL, RONALD M 6765 RIVEREDGE DR TITUSVILLE, FL 00000 SD GOIGEL, LILLIAN P. 6765 RIVEREDGE DR TITUSVILLE, FL 00000 TD GOIGEL, PETER J. 199 JERICHO TURNPI	in Finder, Sugniff, Section 607.0	DELETE	les, the above-na zed by the corpor s. 13. 1.1 Title 1.2 NAME 1.3 STREET AL 2.2 NAME 2.3 STREET AL 2.4 CITY-SI- 3.1 TITLE 3.2 NAME 3.3 STREET AL 4.1 TITLE 4.2 NAME 4.3 STREET AL 4.1 TITLE 4.2 NAME 4.3 STREET AL 4.1 STREET AL	City med corpora ation's board agnature required DDRESS ZIP DDRESS ZIP DDRESS ZIP	ation submits this statement for the pu of of directors. I hereby accept the app d wher renstating)	PL propose of changino pointment as reg	ing its registered office gistered agent. I am RECTORS IN 12 Change
TITUSM 11. Pursuant to or registere familiar with SIGNATURE 12. 11LE NAME STREEL ADDRESS CITY-ST-ZIP TITLE NAME STREEL ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE	LLIAN BLVD JILLE FL 32780 The provisions of Sections 60 ad agent, or both, in the State n, and accept the obligations of Sections of Signature, typed or printed name of registe OFFICE PD GOIGEL, RONALD M 6765 RIVEREDGE DR TITUSVILLE, FL 00000 SD GOIGEL, LILLIAN P. 6765 RIVEREDGE DR TITUSVILLE, FL 00000 TD GOIGEL, PETER J. 199 JERICHO TURNPI	in Finder, Sugniff, Section 607.0	Change was authorized 505, Florida Statutes DELETE DELETE DELETE	tes, the above-na zed by the corpor s. 13. 1.1 Title 1.2 NAME 1.3 STREET AL 2.1 TITLE 2.2 NAME 2.3 STREET AL 2.4 CITY-SI- 3.1 TITLE 3.2 NAME 3.3 STREET AL 4.1 TITLE 4.2 NAME 4.3 STREET AL	City med corpora ation's board agnature required DDRESS ZIP DDRESS ZIP DDRESS ZIP	ation submits this statement for the pu of of directors. I hereby accept the app d wher renstating)	PL propose of changino pointment as reg	ing its registered office gistered agent. I am RECTORS IN 12 Change Addition Change Addition Change Addition
TITUSM 11. Pursuant to or registere familiar with SIGNATURE 12. 11LE NAME STREEI ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS	LLIAN BLVD JILLE FL 32780 The provisions of Sections 60 ad agent, or both, in the State n, and accept the obligations of Sections of Signature, typed or printed name of registe OFFICE PD GOIGEL, RONALD M 6765 RIVEREDGE DR TITUSVILLE, FL 00000 SD GOIGEL, LILLIAN P. 6765 RIVEREDGE DR TITUSVILLE, FL 00000 TD GOIGEL, PETER J. 199 JERICHO TURNPI	in Finder, Sugniff, Section 607.0	DELETE	tes, the above-na zed by the corpor s. 13. 1.1 Title 1.2 NAME 1.3 STREET AL 2.1 TITLE 2.2 NAME 2.3 STREET AL 2.4 CITY-ST 3.1 TITLE 3.2 NAME 3.3 STREET AL 4.1 TITLE 4.2 NAME 4.3 STREET AL 5.1 TITLE 5.1 TITLE 5.1 TITLE	City med corpora ation's board signature required DORESS ZIP DORESS ZIP DORESS ZIP DORESS ZIP	ation submits this statement for the pu of of directors. I hereby accept the app d wher renstating)	PL propose of changing pointment as reg	ing its registered office gistered agent. I am RECTORS IN 12 Change Addition Change Addition Change Addition
TITUSM 11. Pursuant to or registere familiar with SIGNATURE 12. 11LE NAME STREEL ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP	LLIAN BLVD JILLE FL 32780 The provisions of Sections 60 ad agent, or both, in the State n, and accept the obligations of Sections of Signature, typed or printed name of registe OFFICE PD GOIGEL, RONALD M 6765 RIVEREDGE DR TITUSVILLE, FL 00000 SD GOIGEL, LILLIAN P. 6765 RIVEREDGE DR TITUSVILLE, FL 00000 TD GOIGEL, PETER J. 199 JERICHO TURNPI	in Finder, Sugniff, Section 607.0	DELETE	tes, the above-na zed by the corpor s. 13. 1.1 Title 1.2 NAME 1.3 STREET AL 1.4 CITY-ST 2.1 TITLE 3.2 NAME 3.3 STREET AL 3.4 CITY-ST 4.1 TITLE 4.2 NAME 4.3 STREET AL 4.1 TITLE 5.2 NAME	City med corpora ation's board signature required DORESS ZIP DORESS ZIP DORESS ZIP DORESS ZIP DORESS ZIP	ation submits this statement for the pu of of directors. I hereby accept the app d wher renstating)	PL propose of changing pointment as reg	ing its registered office pistered agent. I am RECTORS IN 12 Change Addition Change Addition Change Addition Change Addition
TITUSM 11. Pursuant to or registere familiar with SIGNATURE	LLIAN BLVD JILLE FL 32780 The provisions of Sections 60 ad agent, or both, in the State n, and accept the obligations of Sections of Signature, typed or printed name of registe OFFICE PD GOIGEL, RONALD M 6765 RIVEREDGE DR TITUSVILLE, FL 00000 SD GOIGEL, LILLIAN P. 6765 RIVEREDGE DR TITUSVILLE, FL 00000 TD GOIGEL, PETER J. 199 JERICHO TURNPI	in Finder, Sugniff, Section 607.0	DELETE DELETE DELETE	tes, the above-na zed by the corpor s. 13. 1.1 Title 1.2 NAME 1.3 STREET AL 1.4 CITY-SI- 2 TITLE 22 NAME 23 STREET AL 3.4 CITY-SI- 4.1 TITLE 42 NAME 43 STREET AL 4 CITY-SI- 5.1 TITLE 52 NAME 53 STREET AD 5.4 CITY-SI- 6.1 TITLE 62 NAME	City med corpora ation's board agnature required DDRESS ZIP DDRESS ZIP DDRESS ZIP DDRESS ZIP DDRESS ZIP	ation submits this statement for the pu of of directors. I hereby accept the app d wher renstating)	PL propose of changing pointment as regular to the control of the	ing its registered office pistered agent. I am RECTORS IN 12 Change Addition Change Addition Change Addition Change Addition
TITUSM 11. Pursuant to or registere familiar with SIGNATURE 12. TITLE NAME STREEI ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S!-ZIP TITLE NAME STREET ADDRESS CITY-S!-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP	LLIAN BLVD ILLE FL 32780 The provisions of Sections 60 al agent, or both, in the State n, and accept the obligations of Sections of Secti	KE	DELETE DELETE DELETE	les, the above-na zed by the corpor s. 13. 1.1 Title 1.2 NAME 1.3 STREET AL 2.1 TITLE 2.2 NAME 2.3 STREET AL 2.4 CITY-SI- 3.1 TITLE 3.2 NAME 3.3 STREET AL 4.1 TITLE 4.2 NAME 4.3 STREET AL 4.1 TITLE 5.2 NAME 5.3 STREET AL 5.1 TITLE 5.2 NAME 5.3 STREET AL 6.1 TITLE 6.2 NAME 6.3 STREET AL 6.4 CITY-SI-2 6.1 TITLE 6.3 STREET AL 6.4 CITY-SI-2 6.3 STREET AL 6.4 CITY-SI-2 6.1 STREET AL 6.4 CITY-SI-2 6.3 STREET AL 6.4 CITY-SI-2 6.4 CITY-SI-2 6.5 STREET AL 6.5 STREET AL 6.4 CITY-SI-2 6.5 STREET AL 6.5 STREET	City med corpora ation's board agnature required DDRESS ZIP DDRESS ZIP DDRESS ZIP DDRESS ZIP DDRESS ZIP DDRESS ZIP	ation submits this statement for the pu of of directors. I hereby accept the app d wher renstating)	PL prose of changino pointment as reg	ing its registered office pistered agent. I am RECTORS IN 12 Change Addition Change Addition Change Addition Change Addition Change Addition