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TURE AND TYPED OR PRINTED NAME OF

SIGNATURE:

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 (5)618504 **DOCUMENT #** 1. Corporation Name RVM CONSTRUCTION, INC. Principal Place of Business Mailing Address 315 HUMBERT ST. 315 HUMBERT ST. PALM BAY FL 32907 PALM BAY FL 32907 3. Date Incorporated or Qualified 3a. Date of Last Report 02/16/1995 04/23/1979 Applied For 4. FEI Number 2a. Mailing Address Principal Place of Business 2. X Not Applicable 59-1937936 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s 199.032, Country Zin Country Florida Statutes ☐ Yes ☐ No 30 25 29 10. Name and Address of New Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) VAETH, IRENE NMN 82 315 HUMBERT ST 83 PALM BAY FL 32907 Zip Code 85 City 84 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. Thereby accept the appointment as registered agent. Familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signal increspored when reinstating) CATE Signature, typed or printed name of registeres against and till, if applicable E034 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Addition Change 1 1 TIT: F DELETE TITLE 1.2 NAME VAETH, ROBERT F. NAME 1.3 STREET ADDRESS 315 HUMBERT ST. STREET ADDRESS PALM BAY FL 14 CITY-S1-ZP CITY-ST-ZIP Addition ☐ Change DELETE 2 1 Tille TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 24 CHY-ST-ZIP CHTY-ST-ZIP Change ■ Addition DELETE 3 1 11114 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4 CITY - ST - ZIP CITY-ST-ZIP Addition [7] Change DELETE 4 1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST-ZIP CITY - ST - ZIP Addition Change DELETE 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CHY-ST-ZIP CITY - ST - ZIP Change Addition DELETE 6 1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6 4 CITY - ST - 7IP 14. If 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)(k). 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 cartify 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.

ING OFFICER OR DIRECTOR

CRZ

May 14, 1996 407-984-7357