FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996

r. Corporation	MENT # 74579 DS OF RMH, INC.	2 (2)			 			
Principal Place	e of Business	Mailing Address				(40) E10) O(0) O(0)	 	
1600 SW 14TH ST. 1600 SW 14TH ST. GAINESVILLE FL 32608 GAINESVILLE FL 32608								
					3. Date Incorporated or Qualified 02/02/1979	3a. Date of Last 02/07/1	• •	
2. Principal Place of Business 2a. Mailing Addre		2a. Mailing Address			4. FEI Number	+	Applied For	
		Suite, Apt. #, etc.			59-1887896	\$8.70	Not Applicable 5 Additional	
27					5. Certificate of Status Desired		Required	
City & State	e	City & State	<u>├</u> ──		Election Campaign Financing Trust Fund Contribution	ng \$5.00 May Be Added to Fees		
Zip 24	Country Zip 29		Country 30	Florida Statutes Yes		Yes XNo		
	9. Name and Address of Curre	nt Registered Agent	81	Name	10. Name and Address of New Re	egistered Agent		
LIBAICH	OFD410 D ID		82					
KIDNEY, GERALD R JR 5731 NW 31 ST				Street Addre	ess (P.O. Box Number is Not Acceptable	e)		
	4 , University of Florida —		83					
	VILLE FL 32653		84	City		OF 7	p Code	
				•		FL T		
11. Pursuant or register familiar wi	to the provisions of Sections 617.050 red agent, or both, in the State of Flor ith, and accept the obligations of, Sec	2 and 617.1508, Florida Statuti ida: Such change was authoriz ition 617.0503, Florida Statutes	es, the above na led by the corpo i.	amed corpora ration's board	ation submits this statement for the purp d of directors. I hereby accept the appo	oose of changing its i intment as registered	registered office a gent. I am	
SIGNATURE								
12.	Signature, typed or printed name of registered ager OFFICERS AN	if and title if applicated (NC ND DIRECTORS	TE Registered Agent	signature required	when reinstating! ADDITIONS (CHANGES TO OFF)	DATE CELES AND DIES COL	185 IN 12	
TITLE	TD	DELETE	1.1 TITLE	D		Change	ORS IN 12 Addition	
NAME	KIDNEY, GERALD R.		1.2 NAME			4		
STREET ADDRESS	5731 NW 31 TERR.		1.3 STREET	ADDRESS			18	
C(fy-Sf-ZIP	GAINESVILLE, FL 00000		14 CITY-ST	· ZIP G	TINESVILLE, PL 32653	3		
TITLE	ED				 		Addition C	
NAME	SIDMAN, MARGARET		2.2 NAME	m	ICHELLE DONNELLY			
STREET ADDRESS	3940 N.W. 25TH CR.		2 3 STREET /		16 NW STY CT.		1	
CITY-ST-ZIP TITLE	GAINESVILLE, FL. 0	DELETE	2 4 CITY - ST		INESVIALE, FL 32607	Change	Addition	
NAME	CHINTA MANIONOT	Doctric	3.1 TITLE 3.2 NAME	D		Change	☐ Addition	
STREET ADDRESS	GIUNTA, MAURICE 923 SW 98 STREET		3 2 NAME	AUDBESS				
CITY-S1-ZIP	GAINESVILLE, FL 00000		34 City-Si		A	•		
TiT.E	VD	DELETE	4 1 TITLE	P.	RINBSVILLE, FL 32607	M Change	Addition	
NAME	BROCHU, JOHN	_	4 2 NAME		U	 3-		
STREET ADDRESS	8124 SW 42 AVE		4.3 STREET A	ADDRESS 37	26 NW 43 40 ST. # 10	0		
CITY-ST-ZIP	GAINESVILLE FL		4.4 CITY - ST	1 -	INESVILLE, FL 32606			
TITLE	D	⊠ DELETE	5 1 TITLE	7-1		☐ Change	Addition	
NAME	SCHIEBLER, AUDREY		5.2 NAME	KA	THEREN A. WALLACE			
STHEET ADDRESS	2115 N.W. 15TH AVE.		5 3 STREET A		29 NW 16 W ST UF			
CITY - ST - ZIP	GAINESVILLE, FL. 0	T DELETE	5 4 CITY - ST		INESVILLE, PL 32610			
TITLE	VD	⊠ DELETE	6 1 TITLE	VI		☐ Change	Addition	
NAME	RAFF, MARSHALL		6.2 NAME		EISHA HARAIS		ļ	
STREET ADDRESS	2202 N.W. 12TH ST.		6 3 STREET A		20 NW 4# 44NB			
14. I do hereb	GAINESVILLE FL by certify that the information supplied	with this filing is voluntarily form	6 4 CITY - ST ished and does	not qualify fo	r the exemption stated in Section 119.0	7(3)(k) Florida Statut	tes I further	

certify that the information indicated on this annual report or supplied and does not quality 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 earth, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or or an attachment of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or or an attachment of the corporation of the receiver of the receiv AND TYPES OR DAINTED MARKE OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

352 - 374-4464 Daytime Phone #