

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**  
**AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED**

1995 AUG 10 AM 9:18

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # F35993**

**(7)**

1. Corporation Name

**RIO GRANDE SERVICE, INC.**

Principal Place of Business

Mailing Address

% FLORENCE CONWAY  
 2804 S.RIO GRANDE  
 ORLANDO FL 32805

% FLORENCE CONWAY  
 2804 S.RIO GRANDE  
 ORLANDO FL 32805

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/22/1981

3a. Date of Last Report

08/10/1994

4. FEI Number

59-2138551

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

LANG, GLADYS F.  
 5528 SATEL DRIVE  
 ORLANDO FL 32810

10. Name and Address of New Registered Agent

81 Name

GLADYS LANG

82 Street Address (P.O. Box Number is Not Acceptable)

5528 SATEL DR.

83

ORL. FLA. 32810

84 City

ORL. FLA.

FL

85 Zip Code

32810

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, I, 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.

I, 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

SD

NAME

CONWAY, FLORENCE

STREET ADDRESS

5528 SATEL DRIVE

CITY - ST - ZIP

ORLANDO, FLORIDA 00000

TITLE

MD

NAME

LANG, E ALLEN

STREET ADDRESS

5528 SATEL DRIVE

CITY - ST - ZIP

ORLANDO, FLORIDA 00000

TITLE

DP

NAME

LANG, GLADYS, DP

STREET ADDRESS

5528 SATEL DRIVE

CITY - ST - ZIP

ORLANDO, FLORIDA 00000

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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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 110.07(3)(b), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 14 - 95