

# FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 PM 8:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F82648** (9)

1. Corporation Name

**RG'S NORTH, INC.**

Principal Place of Business

100 S ASHLEY #820  
P O BOX 340008  
TAMPA FL 33602

Mailing Address

100 S ASHLEY #820  
P O BOX 340008  
TAMPA FL 33602

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/25/1982

3a. Date of Last Report

06/21/1994

4. FEI Number

59-2190461

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

21 111 West Bay St

2a. Mailing Address

26 111 West Bay St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 City & State

Tampa, FL

28 City & State

Tampa, FL

24 Zip

33606

29 Zip

33606

9. Name and Address of Current Registered Agent

GOLD, HERBERT  
100 S ASHLEY #820  
SUITE 1900  
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name

Kathy Murphy

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

111 West Bay St

83

84 City

Tampa

FL

85 Zip

33606

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Kathy Murphy

4/12/95

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
PTD  
SHIMBERG, MANDELL  
3435 BAYSHORE BLVD., UNIT 1000  
TAMPA FL

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
VDS  
CROSS, GLEN  
8925 EAGLEWATCH DR.  
RIVERVIEW FL

TITLE

NAME

STREET 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

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

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 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 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:

Mandell Shimberg

4/6/95

Date

Daytime Phone #