FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F93000005678 (8)

RESOURCE MATERIALS CORPOR	ATION Mailing Address			
600 HAGERTY DR.	P.O. BOX 690			
FREMONT OH 43420	FREMONT OH 43420		DO NOT WRITE IN THI	S SPACE
			3. Date Incorporated or Qualified	
			12/15/1993	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.	Suite, Apt. #, etc.		34-1716811	Not Applicable
22 22	<u> </u>		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State	 	6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
· Zip Country	Zip	Country	8. This corporation owes or has paid the o	current year Intangible
24 25	[29]	30	Personal Property Tax due June 30.	Yes No
Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registere	d Agent
Burton, Phillip		81 Name		
3904 BUILDERS CIR.		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
PLANT CITY FL 33567		83		-
		63		
		84 City	F	85 Zip Code
Pursuant to the provisions of Sections 607.056 office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig SIGNATURE			oration submits this statement for the purpose tion's board of directors. I hereby accept the a	
Signature, typed or printed name of regellenet ag	CCL and life of applicable (NO ID DIRECTORS	11 Registured Agent signature require 113.	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIDECTORS IN 12
TITLE D OFFICERS AN	DELETE	1.1 TITLE	ADDITIONS/CHAINGES TO OFFICERS A	Change Addition
NAME KERN, THOMAS L		1.2 NAME		
STREET ADDRESS 1520 FINEFROCK		1.3 STREET ADDRESS		
CITY-ST-ZIP FREMONT OH		1.4 CITY - ST - ZIP		
TITLE	DELETE	2 1 TITLÉ		Change Addition
NAME KERN, MICHAEL J		2.2 NAME		
STREET ADDRESS 1934 CHRISTY ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP FREMONT OH		2. 4 CITY - ST - ZIP		
TITLE ST	☐ DELETE	3.1 TITLE		Change Addition
NAME BURTON, PHILLIP		3.2 NAME		
STREET ADDRESS 25986 W. RIVER RD.		3.3 STREET ADDRESS		
CITY-ST-ZIP PERRYSBURG OH 43551	DCI CTC	3.4 CITY-ST-ZIP		Change Addition
TITLE	☐ DELETE	4.1 TITLE		C cuange C Accinon
NAME OTOFFT ADDRESS		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	DELETE	4.4 CITY · ST · ZIP 5.1 TITLE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-S1-ZIP		
THTLE		■ 0.5 OH 1 OF ZIF		
	DELETE	6.1 TITLE		Change Addition
NAME	DELETE	6.1 TOLE 6.2 NAME		Change Addition

6.4 CITY - ST - ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 artisphinical with an address.

FILED

May 04 1998 8:00am

Secretary of State