

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

FILED

Mar 18 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F94000001172 (5)

1. Corporation Name  
RIGHT SOURCE, INC.

Principal Place of Business  
217 RIVERBEND  
ORMOND BEACH FL 32174

Mailing Address  
217 RIVERBEND  
ORMOND BEACH FL 32174-6786



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/08/1994	3a. Date of Last Report 04/29/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.			4. FEI Number 36-3541694	Applied For Not Applicable
22. City & State	27. City & State			5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip			6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

BYNUM, RON  
217 RIVERBEND  
ORMOND BEACH FL 32174

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	FL

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

(Signature required when reinstating)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME PCDT BYNUM, RON 217 RIVERBEND ORMOND BEACH FL	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 NAME SD BYNUM, REBECCA 217 RIVERBEND ORMOND BEACH FL	<input type="checkbox"/> DELETE	1.2 NAME	
12.3 NAME	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	
12.4 NAME	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
12.5 NAME	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 NAME	<input type="checkbox"/> DELETE	2.2 NAME	
12.7 NAME	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	
12.8 NAME	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	
12.9 NAME	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 NAME	<input type="checkbox"/> DELETE	3.2 NAME	
12.11 NAME	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
12.12 NAME	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
12.13 NAME	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 NAME	<input type="checkbox"/> DELETE	4.2 NAME	
12.15 NAME	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
12.16 NAME	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
12.17 NAME	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.18 NAME	<input type="checkbox"/> DELETE	5.2 NAME	
12.19 NAME	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
12.20 NAME	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
12.21 NAME	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.22 NAME	<input type="checkbox"/> DELETE	6.2 NAME	
12.23 NAME	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
12.24 NAME	<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP	

14. I do 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 attachment with an address.

SIGNATURE:

*Ronald J. Bynum*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/97

Date

Daytime Phone #

CR2E034 (9/96)