FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996

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

DOCUMENT # F94 00000 3710

1. Corporation Name
Rumble's Enterprises, Inc.

Principal Place of Business
(Merry Maids)
186 N. Beal Parkway
Ft. Walton Beach, Fl 32547

Mailing Address
SAME

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 OKaloosa	29 / 30

3. Date Incorporated or Qualified: 2/15/94
3a. Date of Last Report: 4/26/95
4. FEI Number: 59-3245591 ☐ 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

9. Name and Address of Current Registered Agent

CT Corporation
1200 S. Pine Island Rd.,
Plantation, Fl 33324

10. Name and Address of New Registered Agent

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent's signature required when changing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	President	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	Neal Rumble		1.2 NAME		
STREET ADDRESS	Rt. 3, Box CW15, B3		1.3 STREET ADDRESS		
CITY-ST-ZIP	Donalsonville, GA. 31745		1.4 CITY-ST-ZIP		
TITLE	V-President	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	Ginny Rumble		2.2 NAME		
STREET ADDRESS	120 3rd ave., SW		2.3 STREET ADDRESS		
CITY-ST-ZIP	Ft. Walton Beach, Fl 32548		2.4 CITY-ST-ZIP		
TITLE	Secretary	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	Bert Rumble		3.2 NAME		
STREET ADDRESS	120 3rd ave., SW		3.3 STREET ADDRESS		
CITY-ST-ZIP	Ft. Walton Beach, Fl 32548		3.4 CITY-ST-ZIP		
TITLE	Treasurer	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	Betty Rumble		4.2 NAME		
STREET ADDRESS	Rt. 3, Box CW15, B3		4.3 STREET ADDRESS		
CITY-ST-ZIP	Donalsonville, GA. 31745		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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***200.00

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: Ginny Rumble Ginny Rumble 6-25-96 (904)864 1225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)