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FILED
Jun 03 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998

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

DOCUMENT # F94000004863

1. Corporation Name
RNA Enterprises, Inc.

[redacted]

Principal Place of Business	Mailing Address
6905 ADAMO DR TAMPA FL 33619	6905 ADAMO DR TAMPA FL 33619

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/20/1994

2. Principal Place of Business	2a. Mailing Address
21 8320 E. Adamo Dr	26 8320 E. Adamo Dr.
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23 Tampa, Fl	City & State 28 Tamp, Fl
Zip / Country 24 33619 / 25 Hillsborough	Zip / Country 29 33619 / 30 Hillsborough

4. FEI Number: 59-3268732 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 660 EAST JEFFERSON STREET TALLAHASSEE FL 32301	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 signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	NASSAR, A.J.		1.2 NAME		
STREET ADDRESS	1035 INDUSTRIAL DR NE		1.3 STREET ADDRESS	210 TownPark Dr.	
CITY-ST-ZIP	MARIETTA GA 30066		1.4 CITY-ST-ZIP	Kennesaw Ga. 30144	
TITLE	TD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	LEAHY, THOMAS P		2.2 NAME		
STREET ADDRESS	1035 INDUSTRIAL DR NE		2.3 STREET ADDRESS	210 TownPark Dr.	
CITY-ST-ZIP	MARIETTA GA 30066		2.4 CITY-ST-ZIP	Kennesaw Ga. 30144	
TITLE	PD	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	ASHBY, RUFUS N		3.2 NAME		
STREET ADDRESS	6905 ADAMO DR		3.3 STREET ADDRESS	8320 E. Adamo Dr.	
CITY-ST-ZIP	TAMPA FL 33619		3.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	HARPER, GENE		4.2 NAME		
STREET ADDRESS	6905 ADAMO DR		4.3 STREET ADDRESS	210 TownPark Dr.	
CITY-ST-ZIP	TAMPA FL 33619		4.4 CITY-ST-ZIP	Kennesaw, Ga. 30144	
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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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 attachment with an address.

[redacted] (904) 562-9349