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

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Feb 25 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # F9500001086 (6) **RED RHINO COMPANY** Principal Place of Business Mailing Address 1405 ARNETTE AVE. 1405 ARNETTE AVE. **DURHAM NC 27707** DURHAM NC 27707 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/07/1995 2. Principal Place of Business 2a. Mading Address 4. FEI Number Applied For 56-1899357 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. 82 Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33324** 83 84 City Zip Code 11. Pursuant provisions of Sections 607 0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered fed 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 har with, and accept the obligations of, Section 607.0505, Florida Statutes. agent 1 SIGNATURE (NCIT: Registered Agent signature required when reinstaling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE TITLE 1.1 TITLE Change Addition LOGAN, LINDA A NAME 12 NAME 1405 ARNETTE AVE. STREET ADDRESS 1.3 STREET ADDRESS DURHAM NC 27707 CITY-St-ZIP 1.4 CITY-ST-ZIP DELETE TITLE **VSDC** Change Addition EDNEY, JAMES W III 1405 ARNETTE AVE. 2.3 STREET ADDRESS STREET ADDRESS **DURHAM NC 27707** CITY-ST-ZIP 2 4 CITY - ST - ZIP DELETE Addition 31 TITLE Change TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Addition Change TITLE 41 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELFTE 51 TITLE Change Addition NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-7IP TITLE DELETE 6.1 TITLE Change ☐ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 64 CITY-ST-ZIP DITY-ST-ZIP 14. Thereby certify that the inform indicated on this armual typo officer or director of the darpo Block 12 or Block 13 if change 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 ort is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an the empower∯t to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

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