

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000005107 (6)

1. Corporation Name

RMP MADE IN THE SHADE, INC.



Principal Place of Business

Mailing Address

12-CLEARWATER-MALL
STE-249
CLEARWATER FL 34624
12831 Gulf Blvd. East
Madison Beach, FL
33709

12-CLEARWATER-MALL
STE-249
CLEARWATER FL 34624

3. Date Incorporated or Qualified
10/20/1995

3a. Date of Last Report
N/A

2. Principal Place of Business

2a. Mailing Address

21 12831 Gulf Blvd East

26 18820 RUE LOIRE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 ~~Madison Beach~~

27

City & State

City & State

23 Madison Beach FL

28 LOT2 FL

Zip

Country

Zip

Country

24 33709

25 USA

29 33549

30 USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PATTERSON, RONALD
2717 SEVILLE BLVD
CLEARWATER FL 34624

81 Name RONALD PATTERSON
82 Street Address (P.O. Box Number is Not Acceptable)
18820 RUE LOIRE
83
84 City LOT2 FL 85 Zip Code 33549

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 (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSTD ☐ DELETE
NAME PATTERSON, RONALD M
STREET ADDRESS 2717 SEVILLE BLVD., #6108
CITY-ST-ZIP CLEARWATER FL

11 TITLE ☒ Change ☐ Addition
12 NAME Address Only

TITLE V ☐ DELETE
NAME PATTERSON, NANCY S
STREET ADDRESS 2717 SEVILLE BLVD., #6108
CITY-ST-ZIP CLEARWATER FL

13 STREET ADDRESS 18820 RUE LOIRE
14 CITY-ST-ZIP LOT2 FL 33549

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

21 TITLE ☒ Change ☐ Addition
22 NAME Address Only

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

23 STREET ADDRESS 18820 RUE LOIRE
24 CITY-ST-ZIP LOT2 FL 33549

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/28/96

(913) 796-0404

CR2E034 (3/96)