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Feb 28 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 # F96000006329 (4)

1. Corporation Name

R. G. TECHNICAL ASSOCIATES, INC.

Principal Place of Business

PO BOX 238005
ALLEDALE FL 32123

Mailing Address

PO BOX 238005
ALLEDALE FL 32123-8005



3. Date Incorporated or Qualified
12/04/1996

3a. Date of Last Report
N/A

2. Principal Place of Business

21 4 OCEANS BLVD WEST

Suite, Apt. #, etc.

22 301C

City & State

23 DAYTONA BCH SHORES

Zip

24 32118

Country

25 VOL.

2a. Mailing Address

26 P.O. BOX 238005

Suite, Apt. #, etc.

27

City & State

28 DAYTONA, FL.

Zip

29 32123

Country

30 VOL.

4. FEI Number

56-1493565

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

GERSTENBERGER, ROLAND W
4 OCEANS W BLVD #301C
DAYTONA BCH SHORES FL 32118

10. Name and Address of New Registered Agent

81 Name R.W. GERSTENBERGER
82 Street Address (P.O. Box Number is Not Acceptable)
4 OCEANS WEST BLVD #301C
83
84 City DAYTONA BCH SHORES FL 85 Zip Code 32118

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 reinstating)

DATE

2/24/97

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
DCP	GERSTENBERGER, ROLAND W	4 OCEANS W BLVD #301C	DAYTONA BCH SHORES FL 32112	<input type="checkbox"/>
DCST	GERSTENBERGER, JOHANNA M	4 OCEANS W BLVD #301C	DAYTONA BCH SHORES FL 32112	<input type="checkbox"/>
D	GERSTENBERGER, STEVEN R	56 ALBEMARLE CT #18	ASHEVILLE NC 28802	<input type="checkbox"/>
D	ANDERSON, ELICE J	1 TURKEY TOE LN	APPEN NC 28704	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/97 (904) 761-5094

Date

Daytime Phone # 0000476

CR2E034 (9/96)