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FILED

Feb 14 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 # G14554

(1)

1. Corporation Name

R. F. H. III, INC.



Principal Place of Business

Mailing Address

208 W ALAMO DR
LAKELAND FL 33813-1503
US

PO BOX 5400
LAKELAND FL 33807-5400
US

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

29

30

3. Date Incorporated or Qualified

12/22/1982

3a. Date of Last Report

03/13/1996

4. FEI Number

59-2242865

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

10. Name and Address of New Registered Agent

HARPER, ROBERT F., III
208 W ALAMO DR
LAKELAND FL 33813-1503

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

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE

NAME HARPER, ROBERT F. III
STREET ADDRESS 208 W ALAMO DR
CITY-ST-ZIP LAKELAND FL

1.1 TITLE

D/P/S

☐ Change

☒ Addition

NAME HARPER, ROBERT F. III

STREET ADDRESS 208 W ALAMO DR
CITY-ST-ZIP LAKELAND FL

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE S ☐ DELETE

NAME ESPOSITO, BARNIE, LEE
STREET ADDRESS 280 W ALAMO DR
CITY-ST-ZIP LAKELAND FL

2.1 TITLE

D / V

☒ Change

☐ Addition

NAME ESPOSITO, BARNIE, LEE

STREET ADDRESS 280 W ALAMO DR
CITY-ST-ZIP LAKELAND FL

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME HARPER, AMY D
STREET ADDRESS 208 W ALAMO DR
CITY-ST-ZIP LAKELAND FL

3.1 TITLE

D / V

☒ Change

☐ Addition

NAME HARPER, AMY D

STREET ADDRESS 208 W ALAMO DR
CITY-ST-ZIP LAKELAND FL

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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 duly empowered 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 if a new agent with a new address.

SIGNATURE:

ROBERT F. HARPER, III

1/28/97

941/647-5554

Daytime Phone #

0387700

CR2E034 (9/96)