SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 19, 1994.
AMOUNT DUE ON OR BEFORE 8/18/94: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

CORPORATION ANNUAL REPORT
1994

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

94 AUG -1 AM 9:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G32054** **(0)**

1. Corporation Name
RLS SERVICES, INC.

Mailing Address	Principal Place of Business
P.O. BOX 656	3223 THOMPSON ROAD
LAKELAND FL 33802	LAKELAND FL 33801
US	US

If above addresses are incorrect in any way, line through incorrect information and enter correction below

DO NOT WRITE IN THIS SPACE

2. Mailing Address 21	2a. Principal Place of Business 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: 04/06/1983
3a. Date of Last Report: 03/31/1993
4. FEI Number: 59-2388656 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

GRIMM, SCOTT A.
3223 THOMPSON ROAD
LAKELAND FL 33801

10. Name and Address of New Registered Agent

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 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE	P/D	
1.2 NAME	GRIMM SCOTT A	
1.3 STREET ADDRESS	3223 THOMPSON ROAD	
1.4 CITY-ST-ZIP	LAKELAND, FL 00000	
2.1 TITLE	V	
2.2 NAME	GRIMM ERIC	
2.3 STREET ADDRESS	1400 W. LAKE BONNY DRIVE	
2.4 CITY-ST-ZIP	LAKELAND FL	
3.1 TITLE	V	
3.2 NAME	BROOKS JOHN	
3.3 STREET ADDRESS	1420 W. LAKE BONNY DRIVE	
3.4 CITY-ST-ZIP	LAKELAND FL	
4.1 TITLE	S	
4.2 NAME	GRIMM CHRISTINE M	
4.3 STREET ADDRESS	920 WEDGEWOOD LANE	
4.4 CITY-ST-ZIP	LAKELAND FL	
5.1 TITLE		
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is true and accurate, that my signature is authorized, and 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 with an address, with an asterisk, or on an attachment with an address.

SIGNATURE: _____ 7-26-94 813-685-2582
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR