

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

FILED
Oct 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G32054** (0)
1. Corporation Name
RLS SERVICES, INC.

Principal Place of Business
**3223 THOMPSON ROAD
LAKELAND FL 33801
US**

Mailing Address
**P.O. BOX 656
LAKELAND FL 33802
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 424 LONGFELLOW BLVD.		2a. Mailing Address 424 LONGFELLOW BLVD.		3. Date Incorporated or Qualified 04/06/1983	
21. Suite, Apt. #, etc. LAKE LAND, FL		26. Suite, Apt. #, etc. LAKE LAND, FL		4. FEI Number 59-2388656	
22. City & State 33801 USA		27. City & State 33801 USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip 33801		28. Zip 33801		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Country USA		29. Country USA		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 FL	
81. Name		82. Street Address (P.O. Box Number is Not Acceptable)	
83.		84. City	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE 424 LONGFELLOW BLVD.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GRIMM, SCOTT A		1.2 NAME LAKE LAND, FL 33801	
STREET ADDRESS 3223 THOMPSON ROAD		1.3 STREET ADDRESS	
CITY-ST-ZIP LAKELAND, FL 00000		1.4 CITY-ST-ZIP	
TITLE V	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GRIMM, ERIC		2.2 NAME	
STREET ADDRESS 1400 W. LAKE BONNY DRIVE		2.3 STREET ADDRESS	
CITY-ST-ZIP LAKELAND FL		2.4 CITY-ST-ZIP	
TITLE V	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BROOKS, JOHN		3.2 NAME	
STREET ADDRESS 1420 W. LAKE BONNY DRIVE		3.3 STREET ADDRESS	
CITY-ST-ZIP LAKELAND FL		3.4 CITY-ST-ZIP	
TITLE S	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GRIMM, CHRISTINE M		4.2 NAME	
STREET ADDRESS 920 WEDGEWOOD LANE		4.3 STREET ADDRESS	
CITY-ST-ZIP LAKELAND FL		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 in an attachment with an address.

SIGNATURE _____ 7-15-98 941-165-2580

CR2E034 (10/97)