

2-6 95-8-893-0  
**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
 ANNUAL REPORT  
 1995**



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

**FILED**  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 95 FEB -5 PM 4: 11

**DOCUMENT # G70829 (8)**  
 1. Corporation Name  
**RPG, INC.**

Principal Place of Business Mailing Address  
**% JAMES S. HUNT** **% JAMES S. HUNT**  
**106 COVE COLONY ROAD** **106 COVE COLONY ROAD**  
**MAITLAND FL 32751** **MAITLAND FL 32751**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **11/15/1983** 3a. Date of Last Report **05/01/1994**  
 4. FEI Number **59-2350212** 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 **???**

2. Principal Place of Business 2a. Mailing Address  
 21. *Same as above* 22. *Same as above*  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 23. City & State 27. City & State  
 24. Zip 25. Country 29. Zip 30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HUNT, JAMES S.**  
**106 COVE COLONY ROAD**  
**MAITLAND FL 32751**

*200.00  
 Change  
 56 PD*

11. Pursuant to the provisions of Sections 607.0502 and 607.0503, I, the undersigned, being a duly qualified officer or registered agent, or both, in the State of Florida, do hereby certify that the information furnished on this statement is true and accurate 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, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| OFFICERS AND DIRECTORS |                      | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|------------------------|----------------------|---|---|
| TITLE                  | PD                   | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                   | HUNT, JAMES S.       | 1.2 NAME  |   |
| STREET ADDRESS         | 106 COVE COLONY ROAD | 1.3 STREET ADDRESS                                |   |
| CITY - ST - ZIP        | MAITLAND FL          | 1.4 CITY - ST - ZIP                               |   |
| TITLE                  | DST                  | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                   | HUNT, MARILYN, F.    | 2.2 NAME  |   |
| STREET ADDRESS         | 106 COVE COLONY ROAD | 2.3 STREET ADDRESS                                |   |
| CITY - ST - ZIP        | MAITLAND FL          | 2.4 CITY - ST - ZIP                               |   |
| TITLE                  |                      | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                   |                      | 3.2 NAME  |   |
| STREET ADDRESS         |                      | 3.3 STREET ADDRESS                                |   |
| CITY - ST - ZIP        |                      | 3.4 CITY - ST - ZIP                               |   |
| TITLE                  |                      | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                   |                      | 4.2 NAME  |   |
| STREET ADDRESS         |                      | 4.3 STREET ADDRESS                                |   |
| CITY - ST - ZIP        |                      | 4.4 CITY - ST - ZIP                               |   |
| TITLE                  |                      | 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                  |                      | 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), 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: Marilyn F. Hunt 1/28/95 407-628-2555  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR