FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
'95 APR 14 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H77913** **(2)**

1. Corporation Name
R S T MOTORS INC.

Principal Place of Business	Mailing Address
% SVEANN KALEIDA 5230 N.W. OLD GAINESVILLE RD. OCALA FL 32675	% SVEANN KALEIDA 5230 N.W. OLD GAINESVILLE RD. OCALA FL 32675

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/26/1985
3a. Date of Last Report: 01/27/1994

2. Principal Place of Business
21: 6361 SE Babb RD
22 Suite, Apt. #, etc.:
23 City & State: Belleview, Fl.
24 Zip: 34420
25 Country: Marion

2a. Mailing Address
26: 6361 S.E Babb RD
27 Suite, Apt. #, etc.:
28 City & State: Belleview Fl
29 Zip: 34420
30 Country: Marion

4. FEI Number: 59-2592754 ☐ 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

KALEIDA, RICHARD C.
5230 N.W. OLD GAINESVILLE RD.
OCALA FL 32675

10. Name and Address of New Registered Agent

61 Name:
62 Street Address (P.O. Box Number Is Not Acceptable): 6361 SE Babb Rd.
63:
64 City: Belleview FL 65 Zip Code: 34420

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPV	11 TITLE	DP	☒ Change ☐ Addition
NAME	KALEIDA, RICHARD C.	12 NAME	Kaleida, Richard C	
STREET ADDRESS	3 CHINICA DR	13 STREET ADDRESS	3 Chinica Dr.	
CITY-ST-ZIP	SUMMERFIELD FL	14 CITY-ST-ZIP	Summerfield, Fl 34491	
TITLE	DST	21 TITLE	DV	☐ Change ☒ Addition
NAME	KALEIDA, SUEANN	22 NAME	Tim Kaleida	
STREET ADDRESS	3 CHINICA DR	23 STREET ADDRESS	11120 SE 75th Court	
CITY-ST-ZIP	SUMMERFIELD FL	24 CITY-ST-ZIP	Belleview, Fl 34420	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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 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: Sueann Kaleida SUEANN Kaleida 4/10/95 904-245-1212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

04/07/95 FP