

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H77913 (2)

1. Corporation Name

R S T MOTORS INC.



Principal Place of Business

Mailing Address

6361 SE BABB ROAD
5230 N.W. OLD GAINESVILLE RD.
BELLEVUE FL 34420
US

6361 S E BABB ROAD
5230 N.W. OLD GAINESVILLE RD.
BELLEVUE FL 34420
US

3. Date Incorporated or Qualified

09/26/1985

3a. Date of Last Report

04/14/1995

2. Principal Place of Business

2a. Mailing Address

21 6361 SE Babb Road

26 6361 S.E. Babb Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Bellevue FL

28 Bellevue FL

Zip

Country

Zip

Country

24 34420

25 Marion

29 34420

30 Marion

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KALEIDA, RICHARD C.
6361 SE BABB ROAD
BELLEVUE FL 34420

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 the filer (if applicable)

(NOTE: Registered Agent signature required when not applicable)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME KALEIDA, RICHARD C.
STREET ADDRESS 3 CHINICA DR
CITY- ST- ZIP SUMMERFIELD FL

☐ DELETE

TITLE DV
NAME TIM KALEIDA
STREET ADDRESS 1120 SE 75TH COURT
CITY- ST- ZIP BELLEVUE FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

TITLE
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CITY- ST- ZIP

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CITY- ST- ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PIV/D ☒ Change ☐ Addition

1.2 NAME Kaleida, Richard C.

1.3 STREET ADDRESS PO BOX 1409

1.4 CITY- ST- ZIP FT MCLOY FL 32134

2.1 TITLE SIT/D ☐ Change ☒ Addition

2.2 NAME Sueann Kaleida

2.3 STREET ADDRESS PO BOX 1409

2.4 CITY- ST- ZIP FT MCLOY FL 32134

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

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 voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 my address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard C. Kaleida

3-29-96 352-245-1812

Date

Daytime Phone #

CR2E034 (12/95)