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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H77913

(2)

Mailing Address

R S T MOTORS INC.

Principal Place of Business

FILED
Jan 17 1997 8:00am
Secretary of State

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6361 SE BABB ROAD 5230 N.W. OLD GAINESVILLE RD. BELLEVIEW FL 34420 US		•=	5230 N.W. OLD GAINESVILLE RD. BELLEVIEW FL 34420-4209		3a. Date of Last Report 04/04/1996
2. Principal Pla		2a. Mailing Address	4 000	4. FEI Number	Applied For
	SE Babb Rd.	26 P.O.Box	1278	59-2592754	Not Applicable
Suite, Apt #,	, etc.	Suite, Apt. #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State Belle	eview, Fl.	City & State Ft. McCoy	,F1.	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zφ 24 34420	Country US	^{Zip} 32134	Country 30 US		Yes XNo
	g, Name and Address of Curr	ent Registered Agent		10. Name and Address of New R	egistered Agent
	EIDA, RICHARD C.		81 Na	me	
6361 SE BABB ROAD				eet Address (P.O. Box Number is Not Accepta	ble)
BELL	EVIEW FL 34420		83		
			84 Cit	γ	FL 85 Zip Code
11. Pursuant to	the provisions of Sections 607.0	502 and 607.1508, Florida Statut	es, the above-nan	ned corporation submits this statement for the	purpose of changing its registered
	gistered agent, or both, in the Sta h familiar with, and accept the obt			corporation's board of directors. I hereby acce	pt the appointment as registered
SIGNATURE	The man tring and assert the sec	grand or, souther bor, south			
	signative typed or proved none of registered a		E: Registered Agent sign	ature required when reinstating)	DATE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	
TIFLE	PVD	☐ DELETE	1.1 TITLE	PD	Change
NAME.	KALEIDA, RICHARD C		1.2 NAME	Kaleida, Richard C.	
STREET ADDRESS	P O BOX 1409 FT MCCOY FL		1.3 STREET ADDRE		
CITY - ST - ZIP	STD	DELETE	1.4 CITY - ST - ZIP	Ft.McCoy, Fl. 32134	Change Addition
	SUE ANN KALEIDA	עננגונ	2.1 TITLE 2.2 NAME	STD	Z change L Nutition
NAME STORE LIBERTON	P O BOX 1409			Kaleida, Sueann	
STREET ADORESS CITY - ST - ZIP	FT MCCOY FL		2.4 CITY - ST - ZIP	SS P.O.Box 1278 Ft.McCoy.Fl. 32134	
TITLE		DELETE	3.1 TITLE	VD	Change Addition
NAME			3.2 NAME	Kaleida, Tim	
STREET ADDRESS			3.3 STREET ADDR		
CITY - ST - ZIP			3.4 CITY-ST-ZIP	11120 DD / J 001	n
TITLE		DELETE	4.1 TITLE	D	Change _ Addition
NAME			4 2 NAME	Kaleida, Beverly	
STREET ADDRESS			4 3 STREET ADDRI	11120 SE 75th Ct.	
CITY+ST-7/P	7 (ANN.)		4.4 CITY- ST-ZIP	Belleview, Fl. 3442	<u> </u>
TITLE		DELETE	5 1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDR	ess	
CITY - S1 - ZIP		1 p.c. Pre	5 4 CHY - ST - ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDR	ESS	
CITY - ST - ZIP			6.4 CITY - ST - ZIP	1	

14. I do 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 on an attachment with an address

SIGNATURE

Nucesm Laledo

Sueann Kaleida

1/13/97 352-245-1212