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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # **H93600**

(5)

	rporation N	RBO GROUP, INC.	(0)					
Princip	nal Place o	f Business	Mailing Address		1 1831811 EIPS IBIDE LIRIU BISID QUID	· ₩₩11 ₩1#11 ₩10	i mimii Atbii i	01817 01911 18 9 1
2706 ALT 19 NO 2706 ALT 19 NO PALM HARBOR FL 34683 US US				3				
					 Date Incorporated or Qualified 01/09/1986 	3a. Date of Last Report 05/16/1995		
2. Prir 21	ncipa! Plac	cipal Place of Business 2a. Mailing Address 26			4. FEI Number 59-2859177	Applied For Not Applicable		
Sui 22	Suite, Apt. #, etc. Suite, Apt. #, etc. 27			1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	5. Certificate of Status Desired			Additional Required
City 23	City & State City & State				Election Campaign Financing Trust Fund Contribution			May Be I to Fees
Zip 24		Country Zip C 25 29 30		Country 30	This corporation has liability for intangible tax under s 199.032, Florida Statutes			
		9. Name and Address of	Current Registered Agent		10. Name and Address of New F	legistered /	\gent	
				81 Name				
HODGE, CHARLES TERRY				B2 Street Addr	ess (P.O. Box Number is Not Acceptable)			
		E FOREST DR						
PALM HARBOR FL 34684				83				
				84 City	· , ·	FL	85 Zip	Code
11 Pi	ursuant to	the provisions of Sections 6	07.0502 and 607.1508, Florida Statutes	the above-named corpor	ation submits this statement for the nu		noing its re	onistered office
or	registerec	dagent, or both, in the State	of Florida. Such change was authorized	by the corporation's boar	rd of directors. I hereby accept the app	ointment as	registered	agent. I am
		, and accept the boligations	of, Section 607.0505, Florida Statutes.					
SIGNA	₹TURE Si	gnature, typed or printed name of regist	ered agent and tine if applicable (NOTI	Registered Agent signature required	d when rehistating)	DATE		
12.		OFFICE	ERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF			
THE		Р	DELETE	1 1 TITLE] Change	Addition
NAME		HODGE, C. TERRY	-	12 NAME				
STHEFT	ADDRESS	3184 PINE FOREST D	К	1.3 STREET ADDRESS				
CITY-S!	1-7IP	PALM HARBOR FL	PT DELETE	1.4 CITY-ST-ZIP			7.05	6 144
TITLE		V PARRY C	DELETE	2 1 TITLE		L] Change	☐ Add⊲tion
NAME		HODGE, BARRY, G		2.2 NAME				
STREET		1212 HAYNE RD MEMPHIS TN		2.9 STREET ADDRESS				
CATY-ST	- 712	MEMPING IN	☐ DELETE	2 4 CITY-ST-ZIP 3 1 TITLE] Change	Addition
NAME			LI SEEL	3 2 NAME		L	, unungo	
STREET	ADDSESS			3.3 STREET ADDRESS				
CITY-ST				3.4 CITY-ST-ZIP				
THILE	- 111		DELETE	4.1 TITLE		<u>-</u>	Change	Addition
NAME			_	4.2 NAME		_		
STREET A	ADDRESS			4.3 STREFT ADDRESS				
CITY-ST				4.4 CITY-ST-ZIP				
TITLE			☐ DELETE	5. 1 TITLE		Ĺ	Change	Addition
NAM:				5 2 NAME				
STREET A	ADDRESS			5.3 STREET ADDRESS				
CITY-SI	- ZtP			5.4 CITY - ST - ZIP				
TITLE		—						
			DELETE	6. 1 TITLE] Change	☐ Addition
NAME			☐ DELETE	6.1 TITLE 6.2 NAME] Change	Addition
	ADDRESS		☐ DELETE	<u>d</u>] Change	Addition

4. 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 cath; that I am an officer or director of the corporation or the J 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 12 if chapted, or open attachment with an address.

SIGNATURE: (Hules cut tolse, CHARLES TEACH HOUSE, PRES 3/24/46 126 2056

CR2E034 (12/95)