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Mar 13 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J48826

(8)

THE RUMMEL GROUP, INC.



From public office file number

Mailing Address

5401 CENTRAL AVENUE
ST PETERSBURG FL 33710

5401 CENTRAL AVENUE
ST PETERSBURG FL 33710-8049

2. For each Principal Officer:

2a. Mailing Address

21 Name (Print)

26 Name (Print), Co

22 City & State

27 City & State

23 Zip

28 Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

RUMMEL, H.E.
5401 CENTRAL AVENUE
ST. PETERSBURG FL 33710

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

12/24/1986

3a. Date of Last Report

04/05/1996

4. FFI Number

59-2750787

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

10. Name and Address of New Registered Agent

11. The undersigned, principal officer of the corporation, hereby certifies that the above named corporation submits this statement for the purpose of changing its registered agent, and that the principal officer of the corporation has been duly authorized by the corporation's board of directors to execute this report as required by Chapter 607, Florida Statutes.

SIGNATURE

Date of Report and Approval of Report

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. Name (Print)
2. City & State
3. Zip
4. Title
5. Name (Print)
6. City & State
7. Zip
8. Title
9. Name (Print)
10. City & State
11. Zip
12. Title
13. Name (Print)
14. City & State
15. Zip
16. Title
17. Name (Print)
18. City & State
19. Zip
20. Title

DP
RUMMEL, H. E.
5401 CENTRAL AVENUE
ST PETERSBURG FL
DST
NICHOLS, KATE
1682 OCEANVIEW DR
TIERRA VERDE FL

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

1. Name (Print)
2. City & State
3. Zip
4. Title
5. Name (Print)
6. City & State
7. Zip
8. Title
9. Name (Print)
10. City & State
11. Zip
12. Title
13. Name (Print)
14. City & State
15. Zip
16. Title
17. Name (Print)
18. City & State
19. Zip
20. Title

☐ Change ☐ Addition

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☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied herein is true and correct and that the undersigned is duly authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name and address are as follows: (Print Name and Address)

SIGNATURE: H.E. Rummel 3-3-97 813 327-5111

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0376943

CR2E034 (9/96)