FILED

Jul 08, 1999 8:00 am

Secretary of State

07-08-1999 90020 042 ***550.00

ECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

OCUMENT # Corporation Name

THE RUMMEL GROUP, INC.

Mailing Address rincipal Place of Business 5401 CENTRAL AVENUE P O BOX 13088 **ST PETERSBURG FL 33733** 1682 OCEAN VIEW DR DO NOT WRITE IN THIS SPACE TIERRA VERDE FL 33715 LIS 3. Date Incorporated or Qualified 12/24/1986 2a. Mailing Address 4. FEI Number Applied For Principal Place of Business 59-2750787 P.O. Box Not Applicable 1641 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 6. Election Campaign Financing \$5.00 May Be City & State Trust Fund Contribution Added to Fees 28 Country 8 This compration owes the current year Yes Intangible Personal Property. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent RUMMEL, H.E. 82 5401 CENTRAL AVENUE ST. PETERSBURG FL 33710 83 84 City 1. 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 reoffice 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. H.E. Pummel **IGNATURE** when reinstating) (NOTE: Registered Agent signature requ CR2E034 (5/99) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. ΊE 1.1 TITLE DELETE RUMMEL, H. E. ME 1.2 NAME P O BOX 13088 1.3 STREET ADDRESS REET ADDRESS ST PETERSBURG FL 33733 1.4 CITY-ST-ZIP TY-ST-ZIF 2 1 TITLE Change Addition ΊE DELETE NICHOLS, KATE 22 NAME ME 1682 OCEANVIEW DR -2.3 STREET ADDRESS REFTADORESS TIERRA VERDE FL 2.4 CITY-ST-ZIP TY-ST-ZIF 3.1 TITLE DELETE 1 F 3.2 NAME :--ME 3.3 STREET ADDRESS REET ADDRESS 3.4 CITY-ST-ZIP ry-ST-ZIP LE DELETE 4.1 TITLE ____ Addition ME 4.2 NAME 4.3 STREET ADDRESS REET ADDRESS 4.4 City-St-ZiP :Y-ST-ZIP 1.E DELETE 5.1 TITLE 5.2 NAME ME 5.3 STREET ADDRESS REET ADDRESS 5.4 CITY-ST-ZIP Y-ST-ZIP 6.1 TITLE Addition LΕ DELETE Change 6.2 NAME ME 6.3 STREET ADDRESS REET ADDRESS 6.4 CITY-ST-ZIP

I. I hereby certify that the information supplied with this filing does not qualify for the exemptions 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: