

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

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Apr 03 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # J90100 (5)
 1. Corporation Name
R & G OF DELAND, INC.

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|---|--|
| Principal Place of Business 2702 NORTH HWY. 17 P.O. BOX 855 DELAND FL 32720 | Mailing Address 2702 NORTH HWY. 17 P.O. BOX 855 DELAND FL 32721-0855 |
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|--------------------------------|----|---|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 09/01/1987 | 3a. Date of Last Report 03/05/1996 |
| 21 Suite, Apt. #, etc. | 26 | 4. FEI Number 59-2850920 | | Applied For <input type="checkbox"/> Not Applicable | |
| 22 City & State | 27 | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 23 Zip | 28 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 24 Country | 29 | 30 | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

WILLIAM E. RIEDLEY
1800 SPRING GARDEN RANCH ROAD
DELAND FL 32720

10. Name and Address of New Registered Agent

| | |
|---|--------------------------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | DeLeon Springs FL 32028 |

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 *Alice L. Riedley* DATE **3-31-97**
(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------------------|---|---------------------------|
| TITLE | PTD | 1.1 TITLE | PTD |
| NAME | RIEDLEY, WILLIAM L. | 1.2 NAME | WILLIAM E. Riedley |
| STREET ADDRESS | 1800 SPRING GARDEN RANCH RD. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | DELEON SPGS FL | 1.4 CITY-ST-ZIP | |
| TITLE | VPSD | 2.1 TITLE | |
| NAME | RIEDLEY, ALICE L. | 2.2 NAME | |
| STREET ADDRESS | 1400 JACOBS RD. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | DELAND FL | 2.4 CITY-ST-ZIP | |
| TITLE | SD | 3.1 TITLE | |
| NAME | RIEDLEY, ALICE | 3.2 NAME | |
| STREET ADDRESS | 2702 NORTH HWY. 17 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | DELAND FL | 3.4 CITY-ST-ZIP | |
| TITLE | PD | 4.1 TITLE | |
| NAME | RIEDLEY, WILLIAM E. | 4.2 NAME | |
| STREET ADDRESS | 2702 NORTH HWY. 17 | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | DELAND FL | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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:

Alice L. Riedley
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ALICE L. RIEDLEY

3/31/97
 Date

Daytime Phone #

CR2E034 (9/96)