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1998 MAR -5 AM 11: 47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J90212** (8)
1. Corporation Name
RHM FRAMING CONTRACTOR, INC.

Principal Place of Business % ROBERT H. MONTGOMERY 4411 BEE RIDGE #349 SARASOTA FL 34233	Mailing Address % ROBERT H. MONTGOMERY 4411 BEE RIDGE #349 SARASOTA FL 34233
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2. Principal Place of Business 2672 4023 Porter Lake Dr.	2. Mailing Address 2672 4023 Porter Lake Dr.		
22. Suite, Apt. #, etc. Unit C	27. Suite, Apt. #, etc. Unit C		
23. City & State Sarasota, FL	28. City & State Sarasota, FL		
24. Zip 34240	25. Country USA	29. Zip 34240	30. Country USA

3. Date Incorporated or Qualified 08/21/1987	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
4. FEI Number 59-2838600		
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
**MONTGOMERY, ROBERT H.
4411 BEE RIDGE
SUITE 349
SARASOTA FL 34233**

10. Name and Address of New Registered Agent
81. Name Unit C
82. Street Address (P.O. Box Number is Not Acceptable) 4023 Porter Lake Dr.
83. City Sarasota
84. State FL
85. Zip Code 34240

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	NAME MONTGOMERY, ROBERT H.	1.1 TITLE	1.2 NAME
STREET ADDRESS 4411 BEE RIDGE #349 4023 Porter Lake Dr. Unit C	CITY-ST-ZIP SARASOTA FL 34240	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
TITLE	NAME	2.1 TITLE	2.2 NAME
STREET ADDRESS	CITY-ST-ZIP	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
TITLE	NAME	3.1 TITLE	3.2 NAME
STREET ADDRESS	CITY-ST-ZIP	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE	NAME	4.1 TITLE	4.2 NAME
STREET ADDRESS	CITY-ST-ZIP	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS	CITY-ST-ZIP	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS	CITY-ST-ZIP	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

14. I 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 _____

3/3/98 (941) 342-6265

CR2E034 (10/97)