FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 APR 27 AM 8:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J93189** **(5)**

1. Corporation Name
R. G. A. INC.

Principal Place of Business	Mailing Address
6735 LAND O' LAKES BLVD. LAND O' LAKES FL 34639	6735 LAND O' LAKES BLVD. LAND O' LAKES FL 34639

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/11/1987	3a. Date of Last Report: 02/04/1994
4. FEI Number: 59-2842043	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MITCHELL, LEON
14516 EHRLICH RD.
TAMPA FL 33618

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	FIELDS, HOWARD A	12 NAME	
STREET ADDRESS	4004 DURANT RD.	13 STREET ADDRESS	
CITY-ST-ZIP	VALRICO FL 33594	14 CITY-ST-ZIP	
TITLE	VP	21 TITLE	☐ Change ☐ Addition
NAME	MITCHELL, THOMAS L	22 NAME	
STREET ADDRESS	7821 LAND O'LAKES BLVD.	23 STREET ADDRESS	
CITY-ST-ZIP	LAND O'LAKES FL 34639	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	HOWELL, CARL C JR.	32 NAME	
STREET ADDRESS	5035 LANCELOT	33 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33803	34 CITY-ST-ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	MITCHELL, LEON W	42 NAME	
STREET ADDRESS	~~14516 EHRLICH RD.~~ 14419 Wadsworth Dr	43 STREET ADDRESS	
CITY-ST-ZIP	~~TAMPA FL~~ Odessa, FL 33556	44 CITY-ST-ZIP	
TITLE	VP	51 TITLE	☐ Change ☐ Addition
NAME	COOK, THOMAS S	52 NAME	
STREET ADDRESS	914 E. HIGHLAND DR.	53 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33803	54 CITY-ST-ZIP	
TITLE	VP	61 TITLE	☐ Change ☐ Addition
NAME	HOWELL, WILLARD	62 NAME	
STREET ADDRESS	2100 PINEGROVE RD.	63 STREET ADDRESS	
CITY-ST-ZIP	MULBERRY FL 33860	64 CITY-ST-ZIP	

14. 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 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: _____ 4/24/95 813-996-3114
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0371115 CP