


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

FILED
Apr 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # J93189 (5)			
1. Corporation Name R. G. A. INC.			
Principal Place of Business 6735 LAND O' LAKES BLVD. LAND O' LAKES FL 34639		Mailing Address P.O. BOX 1849 LAND O' LAKES FL 34639-1849	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip		28 Zip	
24 Country		29 Country	
25		30	
g. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MITCHELL, NANCY W 6735 LAND O' LAKES BLVD. LAND O' LAKES FL 34639		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	P	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	FIELDS, HOWARD A	1.1 TITLE	
STREET ADDRESS	4004 DURANT RD.	1.2 NAME	
CITY - ST - ZIP	VALRICO FL	1.3 STREET ADDRESS	
TITLE	VP	1.4 CITY - ST - ZIP	
NAME	MITCHELL, THOMAS L	2.1 TITLE	
STREET ADDRESS	7821 LAND O' LAKES BLVD.	2.2 NAME	
CITY - ST - ZIP	LAND O' LAKES FL	2.3 STREET ADDRESS	
TITLE	S	2.4 CITY - ST - ZIP	
NAME	HOWELL, CARL C JR.	3.1 TITLE	
STREET ADDRESS	5035 LANCELOT	3.2 NAME	
CITY - ST - ZIP	LAKELAND FL	3.3 STREET ADDRESS	
TITLE	T	3.4 CITY - ST - ZIP	
NAME	MITCHELL, LEON W	4.1 TITLE	
STREET ADDRESS	14419 WADSWORTH DR.	4.2 NAME	
CITY - ST - ZIP	ODESSA FL	4.3 STREET ADDRESS	
TITLE	VP	4.4 CITY - ST - ZIP	
NAME	COOK, THOMAS S	5.1 TITLE	
STREET ADDRESS	914 E. HIGHLAND DR.	5.2 NAME	
CITY - ST - ZIP	LAKELAND FL	5.3 STREET ADDRESS	
TITLE	VP	5.4 CITY - ST - ZIP	
NAME	HOWELL, WILLARD	6.1 TITLE	
STREET ADDRESS	2100 PINEGROVE RD.	6.2 NAME	
CITY - ST - ZIP	MULBERRY FL	6.3 STREET ADDRESS	
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: <u>Thomas L. Mitchell</u> 3/27/97 813-996-3114			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



CR2E034 (9/96)