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Jan 29 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/11/1987

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

MITCHELL, NANCY W
6735 LAND O'LAKES BLVD.
LAND O'LAKES FL 34639

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 607.1506, 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME FIELDS, HOWARD A

STREET ADDRESS 4004 DURANT RD.

CITY - ST - ZIP VALRICO FL

TITLE VP ☐ DELETE

NAME MITCHELL, THOMAS L

STREET ADDRESS 7821 LAND O'LAKES BLVD.

CITY - ST - ZIP LAND O'LAKES FL

TITLE S ☐ DELETE

NAME HOWELL, CARL C JR.

STREET ADDRESS 5035 LANCELOT

CITY - ST - ZIP LAKE LAND FL

TITLE T ☐ DELETE

NAME MITCHELL, LEON W

STREET ADDRESS 14419 WADSWORTH DR.

CITY - ST - ZIP ODESSA FL

TITLE VP ☐ DELETE

NAME COOK, THOMAS S

STREET ADDRESS 914 E. HIGHLAND DR.

CITY - ST - ZIP LAKE LAND FL

TITLE VP ☐ DELETE

NAME HOWELL, WILLARD

STREET ADDRESS 2100 PINEGROVE RD.

CITY - ST - ZIP MULBERRY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

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:

Thomas L. Mitchell Thomas L. Mitchell

2-2298

813-9963114

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0471111

CR2E034 (10/97)