

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -2 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J95954

(0)

1. Corporation Name

R.D.A. SYSTEMS, INC.

Principal Place of Business

11349 SE 92 COURT
BELLEVUE FL 34420-0566

Mailing Address

11349 SE 92 COURT
BELLEVUE FL 34420-0566

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/02/1987

3a. Date of Last Report

03/30/1994

4. FEI Number

59-2851760

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

21 11349 SE 92 CT

2a. Mailing Address

26 11349 SE 92 CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 BELLEVUE FL

City & State

28 BELLEVUE FL

Zip

24 34420

Country

25 MARION

Zip

29 34420

Country

30 MARION

9. Name and Address of Current Registered Agent

RITTER, G. DON
703 SE FORT KING ST
OCALA FL 32671

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

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 D
NAME RAMSEY, CHARLES EDWARD
STREET ADDRESS 11349 SE 92 COURT
CITY- ST- ZIP BELLEVUE FL

TITLE D
NAME GLISSON, RICHARD MARVIN
STREET ADDRESS 450 NW 117 COURT
CITY- ST- ZIP OCALA FL

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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:

Charles E. Ramsey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OR DIRECTOR

2/28/95 904 248-7926
Telephone No.