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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(8)

RTN LIMITED, INC.

Principal Place of Business

1625 RIDGEWOOD AVENUE

Mailing Address

1625 RIDGEWOOD AVENUE

FILED Jan 20 1998 8:00am Secretary of State



HOLLY HILL FL 32117-8733 HOLLY HILL FL 32117-8733 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/01/1990 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 14 CHOCTAW TRAIL 26 14 CHOCTHW TRAIL 59-2984608 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be BEAclt 23 ORMUND Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible 30 Personal Property Tax due June 30. Yes .E∃ No. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 61 Name TURNER, RICHARD W 14 CHOCTAW TR 82 Street Address (P.O. Box Number is Not Acceptable) ORMOND BEACH FL 32174 83 City 84 Zip Code 65 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 agoni and title if applicable (NOT) Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13, DELETE ___ Change Addition TITLE 1.1 10116 TURNER, RICHARD W. NAME 1.2 NAME 14 CHOCTAW TRAIL STREET ADDRESS 1.3 STREET ADDRESS ORMOND BEACH FL CITY-ST-ZIF 1.4 C(TY - ST - ZIF DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 \$1REE1 ADDRESS CITY-ST-ZIF 2 4 CITY-ST-ZIP TITLE DELETE 3 1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - ZIP DELETE Change Addition THLE 4.1 TOLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP DELETE __ Addition Change TITLE 51 THUE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CHY-ST-ZIP DELETE ☐ Change Addition TITLE 6.1 TITLE 6.2 NAMI NAME 6.3 STREET ADDRESS 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 attackment with an addre

1-5-98