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

PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 DOCUMENT # L62299 REAL RESOURCE GROUP, INC. Principal Place of Business Mailing Address C/O V.M. THOMAS POR 218 2284 8. OCEANSHORE BLVD. FLGLER BEACH FL 32136-4021 DO NOT WRITE IN THIS SPACE FLGLER BEACH FL 32136-4021 3. Date Incorporated or Qualified 04/04/1990 2a, Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 21 26 59-3156013 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be Election Campaign Financing Trust Fund Contribution
This corporation owes 23 Added to Fees 28 Country Zip Country er has paid the current year Intangible Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name THOMAS, V. M 2284 \$. OCEANSHORE BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) FLGLER BEACH FL 32136 83 84 85 Zip Code City 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 harne of registered agent and title if applicable (NOTE Registered Agent's gnature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change TITLE 1.1 TITLE PARKER, LAMAR, JR. NAME 1.2 NAME 2284 S. OCEANSHORE BLVD. STREET ADDRESS 1.3 STREET ADDRESS FLGLER BEACH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 4.1 TITLE Change NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

14. Thereby certify that the information supplied with this filling 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 of supplemental annual report is true and necurate 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 of this expounded to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if the figure of the corporation or an attact time with a practices.

6.4 CITY-ST-ZIP

Almko

(my) 1/20 2012

FILED

May 13 1998 8:00am

Secretary of State