

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L75245** (5)

1. Corporation Name

ANTHONY RF PRODUCTS, INC.



Principal Place of Business

**908 E. REYNOLDS STREET
PLANT CITY FL 33566**

Mailing Address

**908 E. REYNOLDS STREET
PLANT CITY FL 33566**

3. Date Incorporated or Qualified

05/17/1990

3a. Date of Last Report

04/27/1995

4. FEI Number

59-3016514

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

2a. Mailing Address

21 **1604 Via Tulipan**

26 **1604 Via Tulipan**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **San Clemente CA**

28 **San Clemente CA**

Zip

Country

Zip

Country

24 **92673**

25 **Orange**

29 **92673**

30 **Orange**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ANTHONY, WILLIAM H.
2307 SPRUCEWOOD LANE
PLANT CITY 33566**

81 Name

Charles C. Harman

82 Street Address (P.O. Box Number is Not Acceptable)

303 N. Warnell Street

83

84 City

Plant City

FL

85 Zip Code

33566

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

Charles C. Harman

Signature, typed or printed name of registered agent and state of domicile

(If FEE Registered Agent Signature required attach herewith)

DATE

4/30/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D ANTHONY, SUSAN C**
STREET ADDRESS **2307 SPRUCEWOOD LANE**
CITY-ST-ZIP **PLANT CITY FL**

TITLE ☐ DELETE

NAME **D ANTHONY, WILLIAM H**
STREET ADDRESS **2307 SPRUCEWOOD**
CITY-ST-ZIP **PLANT CITY FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

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

**1604 Via Tulipan
San Clemente CA 92673**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**1604 Via Tulipan
San Clemente CA 92673**

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 119.07(3)(k), 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:

Susan C. Anthony

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/96

DATE

714-369-0189

DATE TIME PHONE #

CR2E034 (12/95)