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 # **L98255** **(7)**

1. Corporation Name

R & M TRUSTEES, INC.

Principal Place of Business

619 OAK TERRACE DRIVE
LEESBURG FL 34749
US

Mailing Address

P.O. BOX 490053
LEESBURG FL 34749
US

3. Date Incorporated or Qualified: **09/04/1990**

3a. Date of Last Report: **01/24/1995**

2. Principal Place of Business
21: same as above
22: Suite, Apt. #, etc
23: City & State
24: Zip
25: Country

2a. Mailing Address
26: P. O. Box 2731
27: Suite, Apt. #, etc: Blairsville, GA
28: City & State: 30514
29: Zip
30: Country: Union

4. FEI Number: **59-3028136** ☐ 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

9. Name and Address of Current Registered Agent

JOHNSTON, MARY E.
619 OAK TERRACE DRIVE
LEESBURG FL 34748

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. Said 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: **Mary E. Johnston, Sec/Treas.** DATE: **4/9/96**

Signature required from registered agent (Section 607.0505, Florida Statutes)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSTON, ROBERT E.		1.2 NAME		
STREET ADDRESS	619 OAK TERRACE DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	LEESBURG FL		1.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSTON, MARY E.		2.2 NAME		
STREET ADDRESS	619 OAK TERRACE DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	LEESBURG FL		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		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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: Mary E. Johnston Sec/Treas. **4/9/96** **904-787-1167**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #