4-21-95 C-4125-C

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 21 AM 8:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M82779** **(3)**

1. Corporation Name

R. D. F. DEVELOPMENT CORP.

Principal Place of Business	Mailing Address
2647 SW 33RD AVE STE 1015 OCALA FL 34474 US	2647 SW 33RD AVE STE 1015 OCALA FL 34474 US

DO NOT WRITE IN THIS SPACE

05/20/1988 — 04/20/1994

2. Principal Place of Business
21: 1727 N.E. 36 AVE.
22: Suite, Apt. #, etc. 16
23: City & State: OCALA. FLA.
24: Zip 34479 — 25: Country US

2a. Mailing Address
26: SAME
27: Suite, Apt. #, etc.
28: City & State
29: Zip — 30: Country

4. FEI Number: 59-2924659 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MALMIN, FORD N
2647 SW 33RD AVE
STE 1015
OCALA FL 34474

10. Name and Address of New Registered Agent

81 Name: MALMIN, FORD N.
82 Street Address (P.O. Box Number is Not Acceptable): 1727 NE. 36 AVE SUITE 16
83: OCALA,
84 City: FL — 85 Zip Code: 34479

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: FORD N. MALMIN — 3/15/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	P	☒ Change ☐ Addition
NAME	MALMIN, FORD N.	1.2 NAME	FORD N. MALMIN	
STREET ADDRESS	2647 SW 33RD AVE, STE 1015	1.3 STREET ADDRESS	1727 N.E. 36 AVE, SUIT NO. 16	
CITY-ST-ZIP	OCALA FL	1.4 CITY-ST-ZIP	OCALA, FLA. 34479	
TITLE	V	2.1 TITLE		☐ Change ☐ Addition
NAME	MALMIN, FORD H.	2.2 NAME		
STREET ADDRESS	2900 NE 14TH ST CSWY	2.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL	2.4 CITY-ST-ZIP		
TITLE	S	3.1 TITLE		☐ Change ☐ Addition
NAME	GEIGER, O.B.	3.2 NAME		
STREET ADDRESS	3206 NW 69TH AVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL	3.4 CITY-ST-ZIP		
TITLE	T	4.1 TITLE		☐ Change ☐ Addition
NAME	BOLLIER, JON J.	4.2 NAME		
STREET ADDRESS	8538 NW 11ST	4.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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: — 3/15/95 — (904) 690-6991
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FORD N. MALMIN, PRES

0351363 CP