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

1. Corporation Name

R. D. F. DEVELOPMENT CORP.

Principal Place of Business	Mailing Address
1727 N. E 36 AVE 16 OCALA FL 34479 US	1727 N.E. 36 AVE. 16 OCALA FL 34479 US

3. Date Incorporated or Qualified: 05/26/1988

3a. Date of Last Report: 04/21/1995

4. F.E.I. 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

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 3371 N.E. 42 PLACE	26 3371 NE. 42 PLACE
Suite, Apt. #, etc. 22 —	Suite, Apt. #, etc. 27 —
City & State 23 OCALA FLA.	City & State 28 OCALA, FLA.
Zip 24 32479	Zip 29 34479
Country 25 MARION	Country 30 MARION

9. Name and Address of Current Registered Agent

MALMIN, FORD N
1727 NE. 36 AVE SUITE 16
OCALA FL 34479

10. Name and Address of New Registered Agent

81 Name: MALMIN, FORD N.
82 Street Address (P.O. Box Number is Not Acceptable): 3371 N.E. 42 PLACE
83 OCALA, FLA.
84 City: OCALA, FLA. FL 85 Zip Code: 32479

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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	P.	☐ Change ☐ Addition
NAME	MALMIN, FORD N.		1.2 NAME	MALMIN, FORD N.	
STREET ADDRESS	1727 N.E. 36 AVE. SUIT NO. 16		1.3 STREET ADDRESS	3371 NE.42 PL.	
CITY-ST-ZIP	OCALA FL		1.4 CITY-ST-ZIP	OCALA, FLA. 34479	
TITLE	V	☑ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	~~MALMIN, FORD H.~~		2.2 NAME		
STREET ADDRESS	~~2900 NE 48TH ST CSWY~~		2.3 STREET ADDRESS		
CITY-ST-ZIP	~~POMPANO BEACH FL~~		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GEIGER, O.B.		3.2 NAME		
STREET ADDRESS	3206 NW 89TH AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	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		☐ 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 with an arrow or on an attached sheet with an arrow.

SIGNATURE: _____ 2/16/96 (904) 690-6991
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #