2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P01000030754 DOCUMENT # 1. Entity Name RDM INDUSTRIES, INC.



MAIN, ROY H JR. RT. 17, BOX 827 LAKE CITY R, 3265											
Sulfo Apt. #, etc. Surio Apt. #, etc. City & State City & State City & State City & State Application	RT. 17. BOX 827			RT. 17. BOX 827					1 (88/4 80) (H. 88/4) (HAN 88/4) (BAN 88/4)		D) (D)))) (D)()
City & State	2. Principal F	Place of Business	3. Mailing Address					1 	 		
Zip Country Zip Country S. Certificate of Status Desired S. 75 Additional For Prepulsed G. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Per Prepulsed For	Suite, Apt.	. #, etc.	Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES			
S. Certification of Status 2-verted Fee Reportation Fee Report	City & State			City & State				4. F	E0-2700700		
MANN, ROY H JR. TT. 17, BOX 827 LAKE CITY FL 32055 City FL City FL City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code City FL City FL Zip Code City FL City FL Zip Code City FL Zip Code City FL City FL Zip Code City FL Zip Code City FL City FL Zip Code City FL Zip Code City FL City FL Zip Code City FL City City City City FL City	Zip Country			Zip Co.			5. Certificate of Status Desire		Dertificate of Status Desired		
MANN, ROY H JR. RT. 17, BOX 827 LAKE CITY FL 32055 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered edition or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent and the floridable. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTIONS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTIONS IN 11 TILE MANN, ROBERT D MANN, ROY H TILE MANN, ROY H MANN, ROY H TILE MANN, FERNE F TILE MANN, FERNE F TILE MANN, FERNE F TILE MANN, FERNE F TILE MANN, ROY B MANN, FERNE F TILE MANN, FERNE F TILE MANN, ROY B MANN, FERNE F TILE MANN, FERNE F TILE MANN, ROY B MANN, FERNE F TILE MANN, FERNE F TILE MANN M	6. Name and Address of Current Registered Agent										
RT. 17, BOX 827 LAKE CITY FL 32055 City FL Zip Code 8. The above named critity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. FILE NOW!! FEE IS \$150.00 State Now Policy Policy Policy Policy Policy Policy Policy							Name			`	
City FL 2055 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATUR				Street A			ress (P.O. Box Number is Not Acceptable)				
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature lymps or crimited name of registered agent and label it applicable. PILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 TILE NAME SIREST ADDRESS GITY-ST-2P TILE MANN, ROBERT D MANN, ROBERT D MANN, ROY H TI. 17, BOX 827 LAKE CITY FL 32055 TITLE MANN, ROY H TI. 17, BOX 827 LAKE CITY FL 32055 TITLE MANN, FENNE F TI. 17, BOX 827 CITY-ST-2P MANN, FENNE F TI. 17, BOX 827 CITY-ST-2P TITLE MANN, FENNE F TI. 17, BOX 827 CITY-ST-2P TITLE MANN, FENNE F TITLE MANN SIREET ADDRESS CITY-ST-2P TITLE MANE SIREET ADDRESS CITY-ST-2P TITLE MANN SIREET ADDRESS CITY-ST-2P TITLE											
the obligations of registered agent. Signature Signature injust or printed registered agent and title if applicable. (MOTE Registered Agent signature required when remastifing) FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT ILE MANN, ROBERT D MANN, ROBERT D MANN, ROBERT D MANN, ROY H TITLE VD MANN, ROY H MANN, ROY H TITLE SIREET ADDRESS CITY-ST-2P LAKE CITY FL 32055 CITY-ST-2P LAKE CITY FL 32055 CITY-ST-2P LAKE CITY FL 32055 CITY-ST-2P TITLE MANN, ROY BERT ADDRESS CITY-ST-2P TITLE MANN, ROY BERT ADDRESS CITY-ST-2P TITLE MANN, ROY BERT ADDRESS CITY-ST-2P TITLE Change Addition MANE SIREET ADDRESS CITY-ST-2P TITLE MANN SIREET ADDRESS CITY-ST-2P TITLE Change Addition MANN SIREET ADDRESS CITY-ST-2P TITLE Change Addition MANN SIREET ADDRESS CITY-ST-2P TITLE MANN SIREET ADDRESS CITY-ST-2P TIT				City				FL Zip Co	ode		
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TITLE NAME SIRRET ADDRESS CITY-ST-ZIP TITLE VD MANN, ROBERT D STREET ADDRESS CITY-ST-ZIP TITLE VD MANN, ROY H RT. 17, BOX 827 LAKE CITY FL 32055 TITLE STREET ADDRESS CITY-ST-ZIP TITLE SD MANN, ROY B RT. 17, BOX 827 LAKE CITY FL 32055 TITLE SD MANN, FERNE F RT. 17, BOX 827 LAKE CITY FL 32055 TITLE NAME SIRRET ADDRESS CITY-ST-ZIP	Afte	r May 1, 2003 F	ee will be \$550.00								
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.