

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**May 12 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morthant</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

**DOCUMENT # P30898 (1)**  
 1. Corporation Name  
**RP CONSULTING GROUP, INC.**



Principal Place of Business <b>411 SECOND AVENUE NE SUITE 705 ST. PETERSBURG FL 08701-0870</b> <i>8334 37th Ave N ST. PETERSBURG FL 3370</i>	Mailing Address <b>411 SECOND AVENUE NE SUITE 705 ST. PETERSBURG FL 08701-0441</b> <i>PO BOX 48218 33713-8218</i>
--	---

2. Principal Place of Business <b>21 8334 37th Ave N</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26 PO Box 48218</b> Suite, Apt. #, etc.	3. Date Incorporated or Qualified <b>09/12/1990</b>	3a. Date of Last Report <b>04/18/1996</b>
22. City & State <b>23 ST. PETERSBURG, FL</b>	27. City & State <b>28 ST. PETERSBURG, FL</b>	4. FEI Number <b>59-3026294</b>	Applied For Not Applicable
24. Zip <b>33700</b>	25. Country <b>US</b>	29. Zip <b>33713-8218</b>	30. Country <b>US</b>

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>THE PRENTICE-HALL CORPORATION SYSTEM INC.                  1201 HAYS STREET                  SUITE 105                  TALLAHASSEE FL 32301</b>		10. Name and Address of New Registered Agent	
81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
84 City	<b>FL</b>	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. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PTD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PIKE, RICHARD A.</b>	1.2 NAME	
STREET ADDRESS	<b>8334 37TH AVENUE NORTH</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ST. PETERSBURG FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STIFFLEAR, DANIEL A</b>	2.2 NAME	
STREET ADDRESS	<b>7001 55TH WAY N</b>	2.3 STREET ADDRESS	<b>914 Valley View Circle</b>
CITY - ST - ZIP	<b>PINELLAS PARK FL</b>	2.4 CITY - ST - ZIP	<b>Palm Harbor, FL 34684</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JAMES, WALLACE GREGORY</b>	3.2 NAME	
STREET ADDRESS	<b>4 CEDAR AVENUE</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MADISON NJ</b>	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:** \_\_\_\_\_ **SIGNATURE REQUIRED** *[Signature]* Date **4/14/97** Daytime Phone # \_\_\_\_\_

CR2E034 (9/96)