


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED

95 APR 24 PM 3: 37

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

| | | |
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| <p>CORPORATION ANNUAL REPORT 1995</p> |  | <p>FLORIDA DEPARTMENT OF STATE Sandra B. Matham Secretary of State DIVISION OF CORPORATIONS</p> |
|--|---|---|

DOCUMENT # P92000000722 (8)

1. Corporation Name
THE RHEM GROUP, INC.

| | |
|--|--|
| Principal Place of Business 903 E. NEW HAVEN AVE. MELBOURNE FL 32901 | Mailing Address 903 E. NEW HAVEN AVE. MELBOURNE FL 32901 |
|--|--|

DO NOT WRITE IN THIS SPACE.

| | | | |
|--|--|--|--|
| 3. Date Incorporated or Qualified 10/27/1992 | | 3a. Date of Last Report 04/28/1994 | |
| 4. FEI Number 59-3151610 | | Applied For <input type="checkbox"/> Not Applicable | |
| 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 type="checkbox"/> Yes <input type="checkbox"/> No | | | |

| | | | | | | | | | | | |
|---|--|----------------------|--|----------------------------------|--|----------------------|--|--|--|--|--|
| 2. Principal Place of Business 21 | | | | 2a. Mailing Address 26 | | | | 4. FEI Number 59-3151610 | | | |
| 22 | | | | 27 | | | | 5. Certificate of Status Desired <input type="checkbox"/> | | | |
| City & State 23 | | | | City & State 28 | | | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | | |
| Zip 24 | | Country 25 | | Zip 29 | | Country 30 | | 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

9. Name and Address of Current Registered Agent

**RHEM, D. D JR
1800 WEST HIBISCUS BLVD.
SUITE 138
MELBOURNE FL 32901**

10. Name and Address of New Registered Agent

| |
|--|
| 81 Name |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 |
| 84 City |
| 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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------------|---|---|
| TITLE D | RHEM, D D JR | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RHEM, D D JR | 1.2 NAME | |
| STREET ADDRESS | 903 E. NEW HAVEN AVE | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | MELBOURNE FL 32901 | 1.4 CITY - ST - ZIP | |
| TITLE | | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 2.4 CITY - ST - ZIP | |
| TITLE | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 3.4 CITY - ST - ZIP | |
| TITLE | | 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 | | 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 | | 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attached list with an address.

SIGNATURE:  **B. D. Rhem Jr., President**

DATE: **4/19/95** (407) 725-0710