

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Oct 08 1998 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra D. Morham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P93000007932 (5)**

**R.M. COMMUNICATIONS, INC.**



Principal Place of Business: **4380 ENTERPRISE AVE. NAPLES FL 33942 US**  
 Mailing Address: **4380 ENTERPRISE AVE. NAPLES FL 33942 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/02/1993**  
 4. FEI Number: **65-0383237** Applied For Not Applicable  
 5. Certificate of Status Desired: **\$8.75** Additional Fee Required  
 6. Election Campaign Financing: **\$5.00** May Be Added to Fees  
 8. This corporation owes, or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No  
 10. Name and Address of New Registered Agent

2. Principal Place of Business: **21** State, Apt. #, etc. **22** City & State **23** Zip **24** Country  
 2a. Mailing Address: **26** State, Apt. #, etc. **27** City & State **28** Zip **29** Country **30** Country

**SIMMONS, MARK E**  
**4380 ENTERPRISE AVE**  
**NAPLES FL 33940**

**81** Name  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**83**  
**84** City  
**FL 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: *Mark Simmons*  
 Signature of the new chief officer or registered agent

(If Applicable) Signature of Agent (Registered Agent)

**9-28-98**  
 DATE

12. OFFICERS AND DIRECTORS

1101	<b>D</b>	<input checked="" type="checkbox"/>	DELETED
NAME	<b>BOURDON, RICHARD M</b>		
SHR# ADDRESS	<b>2000 TARPON RD.</b>		
CITY STATE	<b>NAPLES FL</b>		
1102	<b>D</b>	<input type="checkbox"/>	DELETED
NAME	<b>SIMMONS, MARK E</b>		
SHR# ADDRESS	<b>4380 ENTERPRISE AVE</b>		
CITY STATE	<b>NAPLES FL</b>		
1103		<input type="checkbox"/>	DELETED
NAME			
SHR# ADDRESS			
CITY STATE			
1104		<input type="checkbox"/>	DELETED
NAME			
SHR# ADDRESS			
CITY STATE			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13101		<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(c), 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 registered agent, and that my name appears in Block 12 or Block 13 of this filing.

SIGNATURE:

*Mark Simmons*

**9-28-98** (941) 215 2929

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