

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000009182 (5)

1. Corporation Name

RPG INVESTMENTS, INC.



Principal Place of Business

28471 US HWY 19 N
CLEARWATER FL 34621

Mailing Address

28471 US HWY 19 N
CLEARWATER FL 34621

2. Principal Place of Business

2a. Mailing Address

21 4025 TAMPA ROAD

25 PO BOX 1639

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 1109

27

City & State

City & State

23 OLDSMAR FL

28 OLDSMAR FL

Zip

Country

Zip

Country

24 34677

25 PINELLAS

29 34677

30 PINELLAS

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/01/1993

3a. Date of Last Report

05/30/1995

4. FET Number

59-3185019

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

10. Name and Address of New Registered Agent

VAN WORP, ROBERT E
3505 TARPON WOODS BLVD.
PALM HARBOR FL 34685

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent's signature required when terminating.)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME VAN WORP, ROBERT E
STREET ADDRESS 3505 TARPON WOODS BLVD
CITY-ST-ZIP PALM HARBOR FL 34685

TITLE D ☐ DELETE
NAME WEISS, PATRICIA A
STREET ADDRESS 3505 TARPON WOODS BLVD
CITY-ST-ZIP PALM HARBOR FL 34685

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 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 119.07(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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/27/96 832460-6050

CR2E034 (12/95)