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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

May 22 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P93000022983 (9)

R.P.M. AND ASSOCIATES, INC.

Principal Place	e of Business	Mailing Address		- 100H+01 H1 10166 HHA 90H1 90H1 90H1 90H	H 4010 1060 HOLD HOLD 1000 HILL 1651
6426 RIVER RO NEW PORT RIC		P O BOX 1615 NEW PORT RICHEY FL 3485	6-1615		
				3. Date Incorporated or Qualified 03/24/1993	3a. Date of Last Report 03/14/1996
2. Principal Pi	ace of Business	2a. Mailipp Address	1615	4. FEI Number 59-3178577	Applied For Not Applicable
Suite Apt		Sytte, Apt. #, etc.	را ۱۹	Certificate of Status Desired	\$8.75 Additional
Cdv (AS)		City & Ctate		Election Campaign Financing	Fee Required
23 N 772, E) 28 N 772,				Trust Fund Contribution	\$5.00 May Be Added to Fees
24 346	25 3450	20 Dy 65 6' 3			Yes No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent O'MEADA DANNY 81 Name					
O MEATON, DANIYI					
NEW PORT RICHEY FL 34652			ess (P.O. Box Number is Not Accepta	oie)	
			83		
			84 City		FL 85 Zip Code
11. Pursuant to the purishes 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 problem. 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 are amiliar with and accept the obligations of Section 607.0505, Florida Statutes.					
agent la	m raminar with, and accept the obligati	ions of Section 607.0505, Flori	/\\^. ~		
SIGNATURE	Signalure, typed or mixed name of regulated gent	and title it applicable (NO E)	Regulered Agent signature require	ad when reinstating)	9-27-17 DATE
12.	OFFICERS AND	DIRECTORS DELETE	13,	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12 Change
TITLE NAME	O'MEARA, DANNY	C) percie	1.1 TITLE 1.2 NAME		Fill clidings Fill youthou
STREET ADDRESS	6426 RIVER ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL 34652		1.4 CITY-SY-ZIP		
TITLE	D Sampson, Edmund	☐ DELETE	2.1 TITLE		Change Addition
NAME STREET ADORESS	6426 RIVER ROAD		2.2 NAME 2.3 STREET ADDRESS		
City-St-ZiP	NEW PORT RICHEY FL 34652		2. 4 City-St-ZiP		
THILE	D	DELETE	31 TITLE		Change Addition
NAME	O'MEARA, FRAN 6426 RIVER ROAD		32 NAME		
STREET ADDRESS	NEW PORT RICHEY FL 34652		3 3 STREET ADDRESS		
CITY-S1-ZIP TITLE		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME			4 2 NAME		•
STREET ADORESS			4.3 STREET ADDRESS		
C(1) Y - 51 - 2(P T(1) LE		☐ DELETE	44 CITY-ST-ZIP 51 TITLE		☐ Change ☐ Addition
NAME		П рессте	52 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6 1 TITLE		Change Addition
NAME OTOKET MEDDEGO			62 NAME		
STREET ADDRESS CITY+ST-ZIP			6.3 STREET ADORESS 6.4 CITY-ST-ZIP		
14 Lda bord	by certify that the information supplied	with this filing does not qualify	for the exemption stated	In Section 119.07(3)(i), Florida Statut	es. I further certify that the
information indicated on this angest 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 inchanged, 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 inchanged, or the receiver of the receiver o					

SIGNATURE: 14 Y-2Y-57 MENA Y-2Y-57