

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

FILED

Mar 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000023568 (7)

1. Corporation Name
RBCA, INC.

Principal Place of Business
2211 OKEECHOBEE ROAD
FORT PIERCE FL 34950-6552
US

Mailing Address
2211 OKEECHOBEE ROAD
FORT PIERCE FL 34950-6552
US



3. Date Incorporated or Qualified 03/26/1993
3a. Date of Last Report 01/29/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number 65-0407667
Applied For Not Applicable

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TAYLOR, JAMES A III
2770 INDIAN RIVER BLVD.
SUITE 501
VERO BEACH FL 32960

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SMITH, VERNON D	
STREET ADDRESS	2211 OKEECHOBEE ROAD	
CITY - ST - ZIP	FORT PIERCE FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	GIORDANO, JOHN F	
STREET ADDRESS	2211 OKEECHOBEE ROAD	
CITY - ST - ZIP	FORT PIERCE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HENLEBEN, ROBERT A	
STREET ADDRESS	2211 OKEECHOBEE ROAD	
CITY - ST - ZIP	FORT PIERCE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HORTON, RAY	
STREET ADDRESS	2211 OKEECHOBEE RD	
CITY - ST - ZIP	FT. PIERCE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	LAWRENCE A MCGRATH	
1.3 STREET ADDRESS	2211 OKEECHOBEE ROAD	
1.4 CITY - ST - ZIP	FORT PIERCE, FL 34950	
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	RODNEY HAYES	
2.3 STREET ADDRESS	2211 OKEECHOBEE ROAD	
2.4 CITY - ST - ZIP	FORT PIERCE, FL 34950	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)