

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000048111 (7)

1. Corporation Name
RBA, INC.



Principal Place of Business
890 STATE ROAD 434, NORTH
ALTAMONTE SPRINGS FL 32714

Mailing Address
890 STATE ROAD 434, NORTH
ALTAMONTE SPRINGS FL 32714

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
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3. Date Incorporated or Qualified 07/09/1993
3a. Date of Last Report 05/01/1995
4. FEI Number 59-3194274
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

9. Name and Address of Current Registered Agent
BIEDERMAN, R A
890 STATE ROAD 434 NORTH
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
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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 DATE
Signature (Typed or printed name of registered agent and corporation)
(NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP
1 VSD BIEDERMAN, ROBERT A 890 STATE ROAD 434 NORTH ALTAMONTE SPRINGS FL
2 PTD GOODMAN, WILLIAM J. 890 STATE ROAD 434 NORTH ALTAMONTE SPRINGS FL
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1 1 TITLE
2 2 NAME
3 3 STREET ADDRESS
4 4 CITY-ST-ZIP
5 5 TITLE
6 6 NAME
7 7 STREET ADDRESS
8 8 CITY-ST-ZIP
9 9 TITLE
10 10 NAME
11 11 STREET ADDRESS
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14 14 NAME
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97 97 TITLE
98 98 NAME
99 99 STREET ADDRESS
100 100 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: R.A. Biederman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 7/17/96
(407) 788-6555

CR2E034 (12/95)