FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

[illegible] 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000058712 (9)**

1. Corporate Name

R.P.O. DEVELOPMENT, INC.

Principal Place of Business	Mailing Address
503 N. ORLANDO AVE. SUITE 105 COCOA BEACH FL 32931	503 N. ORLANDO AVE. SUITE 105 COCOA BEACH FL 32931

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/23/1993**

3a. Date of Last Report: **07/12/1994**

2. Principal Place of Business
21

2a. Mailing Address
26

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23

City & State
28

Zip
24

County
25

Zip
29

County
30

4. FEI Number: **59-3202874** ☐ 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. The corporation desires to elect to be treated as a [illegible] Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SHOEMAKER, JOHN B
503 N. ORLANDO AVE.
COCOA BEACH FL 32931

10. Name and Address of New Registered Agent

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 607.0505 and 607.1908, 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

(If changing registered agent, this must be signed by the new agent) (If Registered Agent is a corporation, this must be signed by an officer) Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (A-J)	
TITLE	DPT	TITLE	☐ Change ☐ Addition
NAME	KODSI, ALBERT	NAME	
STREET ADDRESS	503 N. ORLANDO AVE., SUITE 105	STREET ADDRESS	
CITY-ST-ZIP	COCOA BEACH FL	CITY-ST-ZIP	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	KODSI, JOSEPH	NAME	
STREET ADDRESS	503 N. ORLANDO AVE., SUITE 105	STREET ADDRESS	
CITY-ST-ZIP	COCOA BEACH FL 32931	CITY-ST-ZIP	
TITLE	VPS	TITLE	☐ Change ☐ Addition
NAME	SHOEMAKER, JOHN B E	NAME	
STREET ADDRESS	503 N ORLANDO AVE STE 105	STREET ADDRESS	
CITY-ST-ZIP	COCOA BCH FL	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I/We hereby certify that the information supplied with this filing is substantially complete and 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: VP 5/10/95 4077043266

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000207 CP