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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000070521 (8)

R & D TECHNOLOGY SERVICES, INC.

Mailing Address Principal Place of Business 7151 W. HWY. 98 7151 W. HWY. 98 **SUITE 135** SUITE 135 PANAMA CITY BEACH FL 32407 PANAMA CITY BEACH FL 32407-4809 3a. Date of Last Report 3. Date Incorporated or Qualified 10/11/1993 05/01/1996 2. Principal Piace of Flusiness 2a. Mailing Address 4. FEI Number Applied For 59-3209131 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution П 23 28 Added to Fees Country Country 8. This corporation has liability for intangible tax under s. 199.032, Yes X No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name 81 GRAY, DEBORAH S 7151 W. HWY. 98 Street Address (P.O. Box Number is Not Acceptable) **SUITE 135** 63 PANAMA CITY BEACH FL 32407 RA City 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13. DELETE Change Addition 1.1 TITLE Title **VTS** STECKEL, RICHEY J NAME 1.2 NAME 7151 W HWY. 98, SUITE 135 1.3 STREET ADDRESS STREE ADDRESS PANAMA CITY BEACH FL 1.4 City-St-ZiP OTY-S7 - ZIF ■ DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CHY - \$1 - 71P THE DELETE Change Addition 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34. CITY-ST-ZIP DELETE Addition 4 1 TITLE Change Title NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-7/P DELETE Change Addition THUE 5.1 TITL€ NAME 5.2 NAME STREET ADORESS 5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY - \$T - ZIP

The interactive feeting that the informator supplied with installing does not qualify the report of the control of the control

6.1 TITLE

6.2 NAME

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the

SIGNATURE:

Lam an officer or director of the appears in Block 12 or Block

CHY-ST-ZIP

CITY ST-ZIP

THUE

NAME STREET ADDRESS

DELETE

FILED

Apr 17 1997 8:00am

Secretary of State

Change

Addition

96/6)