SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

APPROVED AND FILED
96 AUG 23 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000078832 (1)

1. Corporation Name

PC: RTO, INC.

Principal Place of Business

431 BAYMEADOWS WAY
UITE 2
ACKSONVILLE FL 32256
IS

Mailing Address

8431 BAYMEADOWS WAY
SUITE 2
JACKSONVILLE FL 32256
US

2. Principal Place of Business
21 8535 BAYMEADOWS ROAD
Suite, Apt #, etc.
22 SUITE 44
City & State
23 JACKSONVILLE FL
Zip
24 32256
Country
25 USA

2a. Mailing Address
26 8635 BAYMEADOWS RD
Suite, Apt #, etc.
27 SUITE 44
City & State
28 JACKSONVILLE FL
Zip
29 32256
Country
30 USA

3. Date Incorporated or Qualified: 11/15/1993
3a. Date of Last Report: 01/17/1995
4. FEI Number: 59-3204219 — 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. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

MCALEXANDER, L N
695 A1A NORTH SUITE 28
PONTE VEDRA BEACH FL 32082

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 607.0502 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 ____________

12. OFFICERS AND DIRECTORS

TITLE	D	☒ DELETE
NAME	MCALEXANDER, LARRY N	
STREET ADDRESS	695 A1A NORTH #28	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	D	☐ DELETE
NAME	MCALEXANDER, GERI H	
STREET ADDRESS	695 A1A NORTH #28	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME	600001939918	
1.3 STREET ADDRESS	-08/23/96--01021--006	
1.4 CITY-ST-ZIP	****375.00 ****375.00	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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: Geri H. McAlexander — 8/19/96 — 904-737-0237
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR