FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS P93000088440 (1) **DOCUMENT #** RAMBUSCH ACCOUNTING AND MANAGEMENT, INC. Principal Place of Business Mailing Address 11856 QUAIL RUN DR 11856 QUAIL RUN DR FT MYERS FL 33908 FT MYERS FL 33908 3a. Date of Last Report 04/11/1995 3. Date d or Qualified 12/21/1993 2. Principal Place of Business 2a. Mailing Address 4 EEL Number Applied For 65-0458438 21 26 Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes Yes MNo 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 RAMBUSCH, H. WILLIAM JR Street Address (P.O. Box Number is Not Acceptable) 82 11856 QUAIL RUN DR FT MYERS FL 33908 83 84 City 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. Thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section, 607,0505. Florida Statutes. SIGNATURE 11/96 CR2E034 (12/95) 12. OFFICERSIAND DIRECT TORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.111116 Change Addition RAMBUSCH, VIRGINIA S NAME 1.2 NAME 11856 QUAIL RUN DR. STREET ADDRESS 1.3 STREET ADDRESS FT MYERS FL CHTY - ST - ZIP 14 CITY - \$1-7IP PO TITLE DELETE 2 : TITLE Change Addition RAMBUSCH, HAROLD NAME 2.2 NAME 11856 QUAIL RUN DR. STREET ADDRESS 2.3 STREET ADDRESS FORT MYERS FL CITY-ST-ZIP 2 4 CHY-ST-ZIP TITLE DELETE 3 1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST-ZIP 34 CITY ST-ZIP TITLE DELFTE 4 1 III.E Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS DITY-ST-ZIP 440 TY-ST-ZP TITLE DELETE 5 1 J TLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STHEET ADDRESS CITY - ST - ZIP 5 4 CITY - ST - ZIP TITLE DELETE 6 1 THEF Change ☐ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CHTY - ST - ZIP 64 CITY - ST - 7IP 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)(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 attaching not with an address

OF SIGNING OFFICER OR DIRECTOR

RAMBUSCH

4)15/96 941.489.3495