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Apr 24 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000026871 (1)**

1. Corporation Name

**R. M. ENTERPRISES OF TAMPA, INC.**



Principal Place of Business

**6610 W LINE BAUGH AVE  
SUITE 101  
TAMPA FL 33625  
US**

Mailing Address

**6610 W LINEBAUGH AVE  
SUITE 101  
TAMPA FL 33625-4955  
US**

3. Date Incorporated or Qualified

**04/07/1994**

3a. Date of Last Report

**05/10/1996**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

**59-3235240**

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**

6. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

**MACRO, RONALD  
6610 W LINEBAUGH AVE  
SUITE 101  
TAMPA FL 33625**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

**PVDS**

☐ DELETE

NAME

**MACRO, RONALD**

STREET ADDRESS

**6610 W LINEBAUGH AVE**

CITY - ST - ZIP

**TAMPA FL**

TITLE

NAME

STREET ADDRESS

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