

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION,
ANNUAL REPORT
1995



DEPARTMENT OF STATE
Office of the Secretary
Tallahassee, Florida
32399-0001

APPROVED
AND
FILED

DOCUMENT # **P94000050196 (2)**

R K S, INC.

95 MAY -1 AM 8:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

253 MERRITT SQUARE
SUITE 787
MERRITT ISLAND FL 32952

253 MERRITT SQUARE
SUITE 787
MERRITT ISLAND FL 32952

2. Filing Date of Report	26. Mailing Address	4. Filing Number	3a. Date of Report
21. 15 McLeod Street	26. 15 McLeod Street	59-3254492	07/05/1994
22. State Apt. #	27. State Apt. #	5. Certificate of Status Desired	3b. Additional Fee Required
		☒ \$8.75 Additional Fee Required	
23. City & State	28. City & State	6. Election Campaign Finance or Trust Fund Contribution	\$5.00 May Be Added to Fees
23. Merritt Island, FL	28. Merritt Island, FL	☐	
24. 32953	25. Brevard	29. 32953	30. Brevard
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

SMITH, RUTH K
253 MERRITT SQUARE
SUITE 787
MERRITT ISLAND FL 32952

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. City
85. State
86. Zip

15 McLeod Street

Merritt Island

FL 32953

11. Pursuant to the provisions of Sections 607.05(4) and 607.15(8) Florida Statutes, the above named corporation submits this statement for the purpose of requesting office of registered agent or both in the State of Florida. Such request was authorized by the corporation's Board of Directors. I hereby accept the appointment as registered agent. I am familiar with and accept the provisions of Sections 607.05(4) Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN:	
NAME	D	NAME	D/P/S/T
SMITH, RUTH K		NAME	
253 MERRITT SQ., SUITE 787		STREET ADDRESS	15 McLeod Street
MERRITT ISLAND FL 32952		CITY & STATE	Merritt Island, FL 32953
NAME		NAME	D/V
NAME		NAME	Thomas A. Giombetti
STREET ADDRESS		STREET ADDRESS	15 McLeod Street
CITY & STATE		CITY & STATE	Merritt Island, FL 32953
NAME		NAME	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY & STATE		CITY & STATE	
NAME		NAME	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY & STATE		CITY & STATE	
NAME		NAME	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY & STATE		CITY & STATE	

14. I, the undersigned, certify that the information supplied with this filing is accurately furnished and does not qualify for the exemption stated in Sections 607.05(4) and 607.15(8) Florida Statutes. I further certify that the information submitted on this filing is a request for registration of a corporation that is not a subsidiary of a corporation and that my signature shall have the same legal effect as if it were made by the corporation or its authorized officer or director. I am familiar with and accept the provisions of Sections 607.05(4) Florida Statutes and that the information appears to be true and correct.

SIGNATURE:

Ruth K. Smith
Ruth K. Smith, D/P/S/T

4/25/95

407-452-2111