

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P94000052007 (9)

1. Corporation Name:

RBS DEVELOPMENT, INC.

Principal Place of Business

Mailing Address

7507 SOUTH TAMiami TRAIL, SUITE 132
SARASOTA FL 34231

7507 SOUTH TAMiami TRAIL, SUITE 132
SARASOTA FL 34231

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

07/14/1994

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

Applied For

65-0504510

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. 190.032
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LAW FIRM OF LAWRENCE J. SPIEGEL CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

RICHARD S. SIGURDSON

5173 HIGEL AVE

SARASOTA

FL

85 Zip Code

34242

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]

RICHARD S. SIGURDSON

5-1-95

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	SIGURDSON, RICHARD S
STREET ADDRESS	7507 SOUTH TAMiami TRAIL, SUITE 132
CITY, ST, ZIP	SARASOTA FL 34231
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VSTB	☐ Change ☒ Addition
1.2 NAME	BARBARA R. SIGURDSON	
1.3 STREET ADDRESS	5173 HIGEL AVE	
1.4 CITY, ST, ZIP	SARASOTA FL. 34242	
2.1 TITLE	D	☐ Change ☒ Addition
2.2 NAME	RICHARD SIGURDSON	
2.3 STREET ADDRESS	5173 HIGEL AVE	
2.4 CITY, ST, ZIP	SARASOTA FL. 34242	
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		

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)(b), 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, or on an attachment with an address.

SIGNATURE:

[Signature] RICHARD S. SIGURDSON Date 5-1-95 815-346-1964

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR