

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000052007 (9)

1. Corporation Name

RBS DEVELOPMENT, INC.

Principal Place of Business

7507 SOUTH TAMiami TRAIL, SUITE 132
SARASOTA FL 34231

Mailing Address

7507 SOUTH TAMiami TRAIL, SUITE 132
SARASOTA FL 34231



2. Principal Place of Business

2a. Mailing Address

21 7507 S. TAMiami TR.

26 7507 S. TAMiami TR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 132

27 SUITE 132

City & State

City & State

23 SARASOTA, FL

28 SARASOTA, FL

Zip

Country

Zip

Country

24 34231

25

29 34231

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/14/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0509510

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

10. Name and Address of New Registered Agent

SIGURDSON, RICHARD S
5173 HIGEL AVE
SARASOTA FL 34242

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME SIGURDSON, RICHARD S
STREET ADDRESS 5173 HIGEL AVE
CITY - ST - ZIP SARASOTA FL

☐ DELETE

1.1 TITLE PD
1.2 NAME ☐ Change ☒ Addition

TITLE VSTD
NAME SIGURDSON, BARBARA R
STREET ADDRESS 5173 HIGEL AVE
CITY - ST - ZIP SARASOTA FL

☐ DELETE

1.3 STREET ADDRESS
1.4 CITY - ST - ZIP 34242

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

2.1 TITLE
2.2 NAME ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

2.3 STREET ADDRESS
2.4 CITY - ST - ZIP 34242

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

3.1 TITLE
3.2 NAME ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE
4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE
5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE
6.2 NAME ☐ Change ☐ Addition

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96 941-346-1967

CR2E034 (12/95)