STREET ADDRESS

14. I hereby certify that the information supplied with this fil indicated on this annual report or supplemental annual officer or director of the corporation or the receiver or in Block 12 or Block 13 if changed, or on an attachment with the corporation of the receiver or in the corporation.

CITY-ST-ZIP

FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Feb 19 1998 8:00am **PROFIT** ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 P94000052037 (6) DOCUMENT # RIGBY MAX CORP. Principal Place of Business Mailing Address 354 W FAIRBANKS AVE 354 W FAIRBANKS AVE WINTER PARK FL 32789-5093 WINTER PARK FL 32789-5093 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/14/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-3258426 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 6. Certificate of Status Desired \Box Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible 24 T Yes ☐ No 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent KAINZ, GREGORY W 3105 HELEN AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32804 83 84 City Zip Code 85 0102 and 607, 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered tide of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered by gations of, Section 607,0505, Florida Statutes. Pursuant to the provisions of Sections 607 office or registered agent, or both, in the agent. I am familiar with, and accept the office. Z-13-98 **SIGNATURE** Signature, typed or prin (NOTE: Registered Agent signature required when reinstating) stered agent and title 4 applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change TITLE 1.1 TITLE KAINZ, ØREGORY W 1.2 NAME NAME 3105 HÉLEN AVENUE STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL 32804 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Channe ☐ Addition 2.1 TITLE TITLE MCBRIDE, SEAN J NAME 2.2 NAME 1400 E. CENTRAL BLVD STREET ADDRESS 2.3 STREET ADDRESS **ORLANDO FL 32801** CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADORESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE ☐ Change ___ Addition 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE ☐ Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP □ DELETE 6.1 TITLE Change Addition TITLE NAME 6.2 NAME

6.3 STREET ADDRESS

ng roes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an under empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

1.17-56

6.4 CITY - ST - ZIP

an address.

(10/97

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