FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000053779 (2)

1. Corporation Name
RSGN, INC.

Principal Place of Business
1852 VENETIAN POINT DR
CLEARWATER FL 34615

Mailing Address
1852 VENETIAN POINT DR
CLEARWATER FL 34615

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/18/1994
3a. Date of Last Report:

21 Principal Place of Business
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 County

26 Mailing Address
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 County

4. FEI Number: 59-3269761 — 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. Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

VEURINK, ROBERT
1852 VENETIAN POINT DR
CLEARWATER FL 34615

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 607.0202 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 (Typed or Printed Name of Registered Agent or Officer) (If Registered Agent, signature required) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY, ST, ZIP	P URBANK, STAN 2265 LAGOON DR DUNEDIN FL 34698	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY, ST, ZIP	☐ Change ☐ Addition
21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY, ST, ZIP	ST VEURINK, ROBERT 1852 VENETIAN POINT DR CLEARWATER FL 34615	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY, ST, ZIP	☐ Change ☐ Addition
31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY, ST, ZIP		31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY, ST, ZIP	☐ Change ☐ Addition
41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY, ST, ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY, ST, ZIP	☐ Change ☐ Addition
51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY, ST, ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY, ST, ZIP	☐ Change ☐ Addition
61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY, ST, ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY, ST, ZIP	☐ Change ☐ Addition

14. I declare, certify, that the information supplied with this report is true and accurate and that I am authorized by the corporation to sign. See Sec. 607.0120(6), 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 if changed or added from an attached sheet.

SIGNATURE: [signature] (Phone Number)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0055300 CP