SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/1/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
95 JUL 25 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000080440 (8)**

1. Corporation Name

RESOURCE ACQUISITION & MANAGEMENT SERVICES, INC.

Principal Place of Business	Mailing Address
4830 W KENNEDY BLVD SUITE 750 TAMPA FL 33609	4830 W KENNEDY BLVD SUITE 750 TAMPA FL 33609

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/02/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-3276048	☐ Applied For ☐ Not Applicable
21 5811 Memorial Hwy.	26 5811 Memorial Hwy.		
Suite, Apt. #, etc. 22 Suite 102	Suite, Apt. #, etc. 27 Suite 102	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23 Tampa, FL	City & State 28 Tampa, FL	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip / County 24 33615 / 25 USA	Zip / County 29 33615 / 30 USA	8. This corporation has apply for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

HALL, W. CRAIG
4830 W KENNEDY BLVD
SUITE 750
TAMPA FL 33609

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 607.0502 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES OR DELETIONS (DELETIONS ONLY)		
TITLE	DP	11 TITLE		☐ Change ☐ Addition
NAME	MATTHEWS, H. J.	12 NAME		
STREET ADDRESS	6108 DORY WAY	13 STREET ADDRESS		
CITY ST ZIP	TAMPA FL 33615	14 CITY ST ZIP		
TITLE	DS	21 TITLE		☐ Change ☐ Addition
NAME	SLOWEY, C. DAN	22 NAME		
STREET ADDRESS	4605 DURANT RD	23 STREET ADDRESS		
CITY ST ZIP	VALRICO FL 33594	24 CITY ST ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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)(i), 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 on an attachment with an addition.

SIGNATURE: H. J. MATHEWS H J Mathews 6/12/95 813-887-1808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/95)

0000585 CP