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PROFIT CORPORATION ANNUAL REPORT

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

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Feb 18 1997 8:00am

Secretary of State

1812 987-1814

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P9400080440 (8)

RESOURCE ACQUISITION & MANAGEMENT SERVICES, INC.

5811 MEMORIAL HWY 5811 MEMORAIL HWY STE 102 **STE 102** TMPA FL 33615-5000 TMPA FL 33615 US 3a. Date of Last Report US 3. Date Incorporated or Qualified 11/02/1994 04/15/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-3276048 Not Applicable 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. # etc. \Box STE,# 5. Certificate of Status Desired STE. Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Country 🔀 Yes 🔲 No 24 29 30 Florida Statutes 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent HALL, W. CRAIG 4830 W KENNEDY BLVD Street Address (P.O. Box Number is Not Acceptable) SUITE 750 83 **TAMPA FL 33609** 84 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DΡ Change Addition DELETE 1.1 TITLE TITLE MATTHEWS, H. J. NAME 6108 DORY WAY 1.3 STREET ADDRESS STREET ADDRESS **TAMPA FL 33615** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE ☐ Change Addition 2.1 TITLE TITLE SLOWEY, C. DAN 2.2 NAME 4805 DURANT RD 2.3 STREET ADDRESS STREET ADDRESS VALRICO FL 33594 2. 4 CITY - ST - ZIP CHY-ST-ZIP Addition DELETE Change 3.1 TITLE NAME 32 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP C TY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change ___ Addition DELETE TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS C TY - ST - ZIP 5.4 CITY - ST-ZIP Change Addition DELETE TITLE 6 1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADORESS 6.4 CITY - ST- ZIP CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing 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 address.