


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Jan 22 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000085258 (9)**

1. Corporation Name

**RATHBUN INSTALLATION GROUP, INC.**



Principal Place of Business

Mailing Address

**9252 LAZY LANE  
TAMPA FL 33614  
US**

**9252 LAZY LANE  
TAMPA FL 33614  
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 <b>110 DUNBAR AVE.</b>	26 <b>110 DUNBAR</b>		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22 <b>UNIT D</b>	27 <b>UNIT D</b>		
City & State		City & State	
23 <b>OLDSMAR FL</b>	28 <b>OLDSMAR FL</b>		
Zip	Country	Zip	Country
24 <b>34677</b>	25 <b>FL</b>	29 <b>34677</b>	30 <b>FL</b>

3. Date Incorporated or Qualified

**11/18/1994**

4. FEI Number

**59-3296224**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RATHBUN, CHARLES H  
8818 MORAN LANE  
TAMPA FL 33635**

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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>RATHBUN, KENNETH</b>	
STREET ADDRESS	<b>10507 N. HAMNER AVE.</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>RATHBUN, CATHERINE J.</b>	
STREET ADDRESS	<b>10507 N. HAMNER AVE.</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>RATHBUN, CHARLES H</b>	
STREET ADDRESS	<b>8818 MORAN LANE</b>	
CITY-ST-ZIP	<b>TAMPA FL 33635</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>RATHBUN KENNETH</b>	
1.3 STREET ADDRESS	<b>118 MARC DALE BLVD.</b>	
1.4 CITY-ST-ZIP	<b>INDIAN ROCKS BEACH FL 33785</b>	
2.1 TITLE	<b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>RATHBUN CATHERINE J</b>	
2.3 STREET ADDRESS	<b>118 MARC DALE BLVD.</b>	
2.4 CITY-ST-ZIP	<b>INDIAN ROCKS BEACH FL 33785</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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.

SIGNATURE **Kenneth Rathbun** 1-7-98 813 881 9447

CR2E034 (10/97)