FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION . Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # P9400088812 (0) RSG ASSOCIATES, INC. Principal Place of Business Mailing Address 7909 2ND AVE. SOUTH 7909 2ND AVE. SOUTH ST. PETERSBURG FL 33707 ST. PETERSBURG FL 33707 3. Date Incorporated or Qualified 3a. Date of Last Report 12/07/1994 04/25/1995 2. Principal Place o Business 2a. Mailing Address 4. FEI Number Applied For 26 59-3281882 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees ZipCountry 8. This corporation has liability for intangible tax under s 199.032, 25 29 30 Florida Statutes Yes 🗌 No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GUINAN, BOB 82 Street Address (P.O. Box Number is Not Acceptable) 7909 2ND AVENUE SOUTH ST. PETERSBURG FL 33707 83 84 City 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DPT DELETE 1 1 TITLE Change Addition GUINAN, BOB 1.2 NAME 7909 2ND AVE. SOUTH

SIGNATURE 12 TITLE NAME STREET ADDRESS 13 STREET ADDRESS ST PETERSBURG FL 33707 CITY-ST-ZIP 1.4 CITY-ST-ZIP DVS TITLE DELETE 2. 1 TITLE Change Addition GUINAN, KAREN 2.2 NAME 7909 2ND AVE. SOUTH STREET ADDRESS 2.3 STREET ADDRESS ST PETERSBURG FL CITY-ST-ZIF 24 CITY-ST-ZIP TITLE ☐ DELETE 3 1 TITLE ☐ Change Addition NAME 32 NAME STREET ADDRESS 3.3. STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TIZER DELETE 4. 1 TITLE Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 44 CITY-ST-ZIP TITLE DELETE 5. 1 TITLE Change Addition 5.2 NAME STHEET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP TrTLE DELETE 6. 1 TITLE Change ☐ Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

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OBERT S. GUINAN

4/22/96 8/33844199