

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
FILED**

95 MAY - 1 AM 9: 27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # P94000089504 (2)
1. Corporation Name
RHR, JR. INC.

Principal Place of Business Mailing Address
2273 SE 28 STREET CAPE CORAL FL 33904
2273 SE 28 STREET CAPE CORAL FL 33904

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 17250 EAGLE TRACE #6 FT. MYERS, FL. 26 17250 EAGLE TRACE #6 FT. MYERS, FL.
22 #6 27 #6
23 FT. MYERS, FL. 28 FT. MYERS, FL.
24 33908 25 USA 29 33908 30 USA

3. Date Incorporated or Qualified 12/09/1994 3a. Date of Last Report
4. FEI Number 65-0558945 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 has liability for withholding tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
GOFF, G E
2273 SE 28 STREET
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent
81 Name GOFF, G. E.
82 Street Address (P.O. Box Number is Not Acceptable)
83 17250 EAGLE TRACE #6
84 City FT. MYERS FL 85 Zip Code 33908

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 G. Edward Goff DATE 3-27-95
Signature typed or printed name of registered agent and the date accepted. (NOTE: Registered Agent signature required when transferring.)

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|-----------------------|
| TITLE | DIRECTOR |
| NAME | G. EDWARD GOFF |
| STREET ADDRESS | 17250 EAGLE TRACE #6 |
| CITY, ST, ZIP | FT. MYERS FL. 33908 |
| TITLE | PRESIDENT / DIRECTOR |
| NAME | ROBERT H. BINKO, JR. |
| STREET ADDRESS | P.O. BOX 900 (N/A) |
| CITY, ST, ZIP | CAPE CORAL, FL. 33910 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY, ST, ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY, ST, ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY, ST, ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|
| 1 1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1 2 NAME | |
| 1 3 STREET ADDRESS | |
| 1 4 CITY, ST, ZIP | |
| 2 1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2 2 NAME | N/A. |
| 2 3 STREET ADDRESS | |
| 2 4 CITY, ST, ZIP | |
| 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 | |

3/27/95

REMITTED BY MAY 1

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)(b), 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: G. Edward Goff DIRECTOR DATE 4-27-95
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR DATE
G. EDWARD GOFF 813-278-0174