

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

FILED

Apr 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P94000093886 (7)
1. Corporation Name
R. T. BARDIN, INC.



Principal Place of Business: 14028 12TH ST, DADE CITY FL 33525
Mailing Address: 14028 12TH ST, DADE CITY FL 33525

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|---|---------------------|-----------------------------------|---|--------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 | | 26 | | 12/29/1994 | |
| 22 | Suite, Apt #, etc. 14905 Dugan Rd. | 27 | Suite, Apt #, etc. 14905 Dugan Rd | 4. FEI Number | Applied For |
| 23 | City & State Dade City, FL 33525 | 28 | City & State Dade City, FL | 59-3304833 | Not Applicable |
| 24 | Zip 33525 | 29 | Zip 33525 | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| 25 | Country USA | 30 | Country USA | <input type="checkbox"/> | |
| | | | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| | | | | <input type="checkbox"/> | |
| | | | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. | |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | |
|--|--|--|--|
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |
| BARDIN, R. T. 14028 12TH ST DADE CITY FL 33525 | | 81 | Name |
| | | 82 | Street Address (P.O. Box Number is Not Acceptable) |
| | | 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 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 _____ (PRINT Registered Agent signature required when resigning) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | D BARDIN, RICHARD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BARDIN, RICHARD | 1.2 NAME | |
| STREET ADDRESS | 14028 12TH ST | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | DADE CITY FL 33525 | 1.4 CITY-ST-ZIP | |
| TITLE | S ROWLAND, DINA <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROWLAND, DINA | 2.2 NAME | |
| STREET ADDRESS | 38732 TALL DRIVE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | ZEPHYRHILLS FL 33540 | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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: Dina Rowland
4/5/98 813-782-6048

CR2E034 (10/97)