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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9500009500

1. Corporation Name

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90150 039 ***150.00

RCW_COMMUNICATIONS, INC.								
	*							
Principal Plac	e of Business	Mailing Address				- 100011000 1100 1010 101111 800111 000111 000111 000111	00110 10101 1	HATE COLE ORDE FOR
6039 CYPRESS GARDENS BLVD. 6039 CYPRESS GARDENS BLVD.								
SUITE 306 SUITE 306								
WINTER HAVEN FL 33884 WINTER HAVEN FL 33884						DO NOT WRITE IN THIS	SPACE	
						3. Date Incorporated or Qualifed		
						01/31/1995		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		Applied For
21 26						59-3292323	60.7	Not Applicable
Suite, Apt. #, etc.						5. Certifcate of Status Desired		5 Additional Required
22 27								
City & State City & State						6. Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees	
Zip				untry		This corporation owes the current year Interest.		ed to 1 ccs
	25	29	30	u110 y		Personal Property Tax.	Yes	□No
24	9. Name and Address of Curre			1		10. Name and Address of New Registered		
	Hame and Address of Ourie			81	Name			
BAKER, STEPHEN F								
565 AVENUE K, SE				82	Street Add	ress (P.O. Box Number is Not Acceptable)		
WINTER HAVEN FL 33880				83				
}				84	City	FL	85 2	tip Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508. Florida Statu	ites, the a	above	e-named corp	porotion submits this statement for the nursose 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.								
	in familiar with, and accept the obliga	ations of, Section 607.0505, 11	Orida Ota	iulos	•			
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOT	TE: Registere	d Agen	t signature require	ed when reinstating) DATE		
12.	OFFICERS AND DIRECTORS		13.	13.		ADDITIONS/CHANGES TO OFFICERS AN	ID DIREC	TORS IN 12
TITLE	PD	☐ DELETE	1.1 T	ΠLE			Chan	ge
NAME	WALKER, BOBBY		1.2 N	1.2 NAME				
STREET ADDRESS	ADDRESS 6039 CYPRESS GARDENS BLVD., #306			1.3 STREET ADDRESS				
CITY-ST-ZIP	WINTER HAVEN FL 33884			14 CITY-ST-ZIP				
TITLE	VD DELETE 2.1			ITLE			☐ Chan	ge 🗀 Addition
NAME	REYNOLDS, KELLY F		2.2 N	2.2 NAME				
STREET ADDRESS	6039 CYPRESS GARDENS BLVD., #306		2.3 8	2.3 STREET ADORESS				
CITY-ST-ZIP	WINTER HAVEN FL 33884			2. 4 CITY-ST-ZIP				
TITLE	STD DELETE		3.1 T	3.1 TITLE			☐ Chan	ge 🗌 Addition
NAME	CHAMLEE, MARK D		3.2 N	AME				
STREET ADDRESS 6039 CYPRESS GARDENS BLVD., #306			3.3 9	TREET	ADDRESS			
CITY-ST-ZIP_	WINTER HAVEN FL		3.4. 0	CITY-S	T-ZIP			
TITLE		☐ DELETE	4.1 T	ITLE			Chan	ge Addition
NAME			4. 21	VAME	Į			
STREET ADDRESS			438	TREET	TADORESS			
CITY-ST-ZIP		<u>_</u>	4.4 0	ITY-S	T-ZIP			
TITLE		☐ DELETE	5.1 T				Char	ge Addition
NAME	Į.		ı	IAME				
STREET ADDRESS			1		ADDRESS			
CITY-ST-ZIP	11-51-2F			5.4 CITY-ST-ZIP 6.1 TITLE				
TITLE		☐ DELETE			j		☐ Chan	ge Addition
NAME				IAME				l
311121 1001230			- 1	6.3 STREET ADDRESS				
CITY-ST-ZIP	}		6.4 0	R-YTK	T-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 changes or on an attachment with an address, with all other like empowered.

SIGNATURE: 7