

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000020627 (2)

1. Corporation Name

R N M, INC.



Principal Place of Business

P.O. BOX 3319
SARASOTA FL 34230

Mailing Address

P.O. BOX 3319
SARASOTA FL 34230

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE FL 32301

3. Date Incorporated or Qualified

03/13/1995

3a. Date of Last Report

4. FEI Number

65-0565660

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 intangible tax under s. 199.032,
Florida Statutes.

☒ Yes ☐ No

10. Name and Address of New Registered Agent

81

Name

William D. Sims

82

Street Address (P.O. Box Number is Not Acceptable)

330 Lychee Road

83

84

City

NOKOMIS

FL

85

Zip Code

34275

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

William D. Sims

William D. Sims

5-22-1996

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

D

SIMS, WILLIAM D
330 LYCHEE ROAD
NOKOMIS FL 34275

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

D

SIMS, DEBRA A
330 LYCHEE ROAD
NOKOMIS FL 34275

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

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TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

☐ DELETE

13.

1. TITLE

12. NAME

13. STREET ADDRESS

14. CITY- ST- ZIP

2. 1. TITLE

2. 2. NAME

2. 3. STREET ADDRESS

2. 4. CITY- ST- ZIP

3. 1. TITLE

3. 2. NAME

3. 3. STREET ADDRESS

3. 4. CITY- ST- ZIP

4. 1. TITLE

4. 2. NAME

4. 3. STREET ADDRESS

4. 4. CITY- ST- ZIP

5. 1. TITLE

5. 2. NAME

5. 3. STREET ADDRESS

5. 4. CITY- ST- ZIP

6. 1. TITLE

6. 2. NAME

6. 3. STREET ADDRESS

6. 4. CITY- ST- ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

President

☒ Change ☐ Addition

V. President

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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***200.00

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)(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.

SIGNATURE:

William D. Sims William D. Sims

4-30-96

941 966-4377

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)