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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000080065 (2)

1. Corporation Name

RSV INVESTMENTS, INC.



Principal Place of Business

815 HWY 98 E
DESTIN FL 32541

Mailing Address

815 HWY 98 E
DESTIN FL 32541

2. Principal Place of Business

2a. Mailing Address

21 1080 Hwy 98 E

26 P.O. Box 1393

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 DESTIN, FL 32541

28 DESTIN, FL 32541

Zip

Country

Zip

Country

24 32541

25 OKLAHOMA

29 32540

30 OKLAHOMA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ANDERSON, M. VICTOR
1080 HWY 98 E
DESTIN FL 32541

81 Name M. Victor Anderson

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

1080 Hwy 98 E

83

84 City Destin,

FL

85 Zip Code 32541

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

[Signature]
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when name is changed)

3-19-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PRESIDENT
NAME M. VICTOR ANDERSON
STREET ADDRESS 1080 Hwy 98 E.
CITY-ST-ZIP DESTIN, FL 32541

TITLE SEC/TREAS.
NAME M. SHERROD ANDERSON
STREET ADDRESS 555 SIEBERT AVE
CITY-ST-ZIP DESTIN, FL 32541

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-96

904-837 9444

DATE

Daytime Phone #

CR2E034 (12/95)