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

FILED Mar 19 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Socretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # P96000020127 (2) RKS, INC. Principal Place of Business Mailing Address 5125 BONITO DRIVE 5125 BONITO DRIVE NEW PORT RICHEY FL 34652 NEW PORT RICHEY FL 34652 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>03/04/1996</u> 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-3390707 Not Applicable 21 26 Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zφ Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent R1 Name BART, RONALD K 5125 BONITO DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) **NEW PORT RICHEY FL 34652** 83 84 City 85 Zip Code 11. Pursuant to the provisions of Sections of 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, provision of Identity 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. MARCH 12, 1998 PRESIDENT KONALD BART **SIGNATURE** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition 1 1 TITLE TITLE BART, RONALD K CP2E034 NAME 1.2 NAME 5125 BONITO DRIVE STREET ADDRESS 1.3 STREET ADDRESS **NEW PORT RICHEY FL 34652** CITY-ST-ZIP 1.4 CITY-ST-ZIP ... DELETE Change Addition TITLE 21 TITLE NAME 22 NAME STREET ADDRESS 2 3 STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADORESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CHY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4 2 NAME NAME STREET ADORESS 4.3 STREET ADDRESS CITY-ST-ZIP 4 4 CITY-ST-ZIP DELETE Change Addition TITLE 5 1 TITLE NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS

SIGNATURE:

CITY - ST - ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

RONALO K. BART

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 14. Thereby 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 employmental annual report of the early state 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 by the compowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if charged, or at an attaching them.

6.1 TITLE

6.2 NAME

DELETE

MacH 17, 1918 813-845-4190

Change

Addition