

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000031203 (8)

1. Corporation Name

RHINO LININGS OF OKALOOSA COUNTY, INC.

Principal Place of Business

165 WHIPPOORWILL PL.
DEFUNIAK SPRINGS FL 32433

Mailing Address

165 WHIPPOORWILL PL.
DEFUNIAK SPRINGS FL 32433

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/04/1996

4. FEI Number

59-3382396

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 405-A Lovejoy Road

Suite, Apt. #, etc

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

23 Ft. Walton Beach, FL

Zip

Country

27 City & State

28 Zip Country

24 32548

25 Okaloosa

29

30

9. Name and Address of Current Registered Agent

POSEY, VIRGIL R
165 WHIPPOORWILL PL.
DEFUNIAK SPRINGS FL 32433

10. Name and Address of New Registered Agent

61 Name

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

63

64 City

FL

65 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

Signature typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME POSEY, VIRGIL R
STREET ADDRESS 165 WHIPPOORWILL PL.
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433 ☐ DELETE

TITLE D
NAME POSEY, DIANE
STREET ADDRESS 165 WHIPPOORWILL PL.
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433 ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE S
1.2 NAME Posey, Jamie C.
1.3 STREET ADDRESS 115 Whippoorwill Place
1.4 CITY-ST-ZIP Defuniak Springs, FL 32433 ☐ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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: Diane Posey Diane Posey 3-1-98 (250) 859-2707

CR2E034 (10/97)

FILED
Mar 10 1998 8:00am
Secretary of State

