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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

26/635 D Roya, P. Dr. So Suite, Apl. #, etc.

Country

Name

ST PETEUS BULG

DOCUMENT # P9600043667 (0)

9. Name and Address of Current Registered Agent

REGIONAL CAPITAL MANAGEMENT CORPORATION

Principal Place of Business GULFFORT FL 39707

City & State

24 3370

CITY-ST-ZIP

2. Principal Place of Busine

23 ST PETERS BUT

21 1635 D Royal Pour Da. Suite, Apt. #, etc.

Mailing Address

8228 FAIRWAY BAY **GULFPORT FL 39702-3974**

2a. Mailing Address

City & State

33707

FILED Sep 17 1997 8:00am Secretary of State



arsenault, kenneth G Jr CLAYTON E. PARKER 10225 ULMERTON ROAD #2 Street Address (P.O. Box Number is Not Acceptable CENTER LARGO FL 34641 FL 85 Zip Code 23/31-2399 84 City 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 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 agent of the provisions of the purpose of changing its registered agent agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature 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 agent agent. I am familiar with a population of the purpose of changing its registered agent agent. I am familiar with an accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Pris. Sec. DELETE Din Pres Sec. Change Addition 1.1 THLE TITLE MINKOFF, THOMAS H 1635 D Royal Poin DWE SOUT NAME 1.2 NAME **6226 FAIRWAY BAY** 1.3 STREET ADDRESS STREET ADDRESS ST AUERS BURG. 33707 GULFPORT FL 83707 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition 2.1 TITLE TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition Channe TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY- ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ____ Addition DELETE ☐ Change 6.1 TITLE TITLE 6.2 NAME NAME **6.3 STREET ADDRESS** STREET ADDRESS

14. I do hereby certily 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.

6.4 CITY-ST-ZIP

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