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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 02 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000054498 (6)

R.C.G. SERVICES, INC.

Principal Place	VENUE	Mailing Address 803 MARVIN AVENUE					
PORT ST. JOE	FL 32456	PORT ST. JOE FL 32450	ē-17 5 3		3. Date Incorporated or Qualified 06/24/1996	3a. [Date of Last Report
2. Principal Pi	ace of Business	2a. Mailing Address			4. FLI Number	1	Applied For
21		26			59-3387336		Not Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional	
22		27				Fee Required	
City & State	Э	City & State			6. Election Campaign Financing		\$5.00 May Be
Zip	Country		Countr		Trust Fund Contribution 8. This corporation has liability for	ur internaila	Added to Fees
24	25	29	30]	· y	Florida Statutes	Yes	ie tax under s. 199.032,
24	9. Name and Address of Curre		1901		10. Name and Address of New F		
HAI	IGHT, ALEXANDRA R		8	1 Name			
5 CI Sun	ufford drive Te 12		83		dress (P.O. Box Number is Not Accept	ablo)	
SHA	LIMAR FL 32579		8:	3			
			84	4 City		Fl	85 Zip Code
					hair this that the said for the		
SIGNATURE	Signature, typed or printed name of registered a	gent and file if applicable (N	OTE: Registered A		poration submits this statement for the ation's board of directors. I hereby accurred when reinstating)	DATE	
12.		ND DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFF	-ICEHS AN	Change Addition
TITLE	PVST GIBSON, RICHARD C		1.1 TITLE 1.2 NAM6	}			Onange Addition
NAME STREET ADDRESS	803 MARVIN AVENUE			FT ADDRESS			
CITY-ST-ZIP	PORT ST. JOE FL 32456		1.4 C(1)				
TITLE	D	DELETE	2.1 TITLE				Change Addition
NAME	GIBSON, RICHARD C		2.2 NAMI	E			
STREET ADDRESS	803 MARVIN AVENUE		2.3 STRE	ET ADDRESS			
CITY-ST-ZIP	PORT ST. JOE FL 32456		2. 4 CITY	- ST - ZIP			
TITLE		☐ DELETE	3.1 TITLE				Change Addition
NAME			3.2 NAMI	ļ			
STREET ADDRESS			1	E1 ADDRESS			
CITY-ST-ZIP		DELETE	3 4. CITY				Change Additio
TITLE			4.1 THUE 4.2 NAM				L. Vitange L. Madillo
NAME STREET ADDRESS				L1 ADDRESS			
CITY-ST-ZIP			4.4 CITY				
TITLE		DELETE	5.1 TO LE				Change Additio
NAME		hand	5.2 NAM	1			
STREET ADDRESS	•			E1 ADDRESS			
CITY-ST-ZIP			5.4 CITY				
TITLE		DELETE	61 TITLE				Change Additio
NAME			6.2 NAM				
STREET ADDRESS				ET ADDRESS			

14. I do hereby certify that the information supplied with this filling 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 trusted 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:

SIGN