## 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

1997

DOCUMENT # P96000070122 (2) RDC DEVELOPMENT, INC. Principal Place of Business Mailing Address 6246 RAVENWOOD DRIVE 6246 RAVENWOOD DRIVE **SARASOTA FL 34243-5222** SARASOTA FL 34243 3. Date Incorporated or Qualified 3a. Date of Last Fleport 08/22/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 1445 BALMY BEACH OR. 26 1445 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 B-POPILA Trust Fund Contribution Added to Fees 23 25 SEMEROLE Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CARLSON, RICHARD D えていれる 6246 RAVENWOOD DRIVE SARASOTA FL 34243 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 of 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 of an familiar with and accept the obligations of, Section 607.0505, Florida Statutes. rid agent and the it applicable. n reinstating) (96/6)12. CERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 RESIDE Change DELETE THE 1.1 TITLE RICHARD D. CARLSON 1.2 NAME BEALLY OL. 1445 BALMY 1.3 STREET ADDRESS STREET ADDRESS CITY-ST-7/P 14 CITY-ST-ZIP DELFTE Change Addition 2.1 TITLE Title NAMI 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY - S1 - ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAM: 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP City - ST - 7/P DELETE Change Addition TITLE 4.1 TITLE 4.2 NAME NAME STREET ADORESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZIP DELETE 5.1 TITLE ☐ Change Addition THLE 5.2 NAME MALIE 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-SI-76 DELETE Addition Change HILE 6.1 TITLE 62 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY - S1 - 201 6.4 CITY - ST - ZIP

14. I do 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 of 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 object of an alachment with an address.

SIGNATURE:

AME OF SIGNING OFFICER OR DIRECTOR

3/24/97 (407)668-00000

FILED

Apr 01 1997 8:00am

Secretary of State