

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED

97 JUL -8 PM 3: 37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # P96000096235 (2)

1. Corporation Name  
REDIFAST ASSEMBLY, INC.

Principal Place of Business

13539 TREATY ROAD  
SPRING HILL FL 34610

Mailing Address

13539 TREATY ROAD  
SPRING HILL FL 34610-7575

3. Date Incorporated or Qualified

11/20/1996

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

4. FEI Number

EXN 55-344 9371

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

DOWNING, THOMAS E  
13539 TREATY ROAD  
SPRING HILL FL 34610

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

100002236021-7  
-07/11/97-01075-012  
\*\*\*165.00 FL \*\*\*165.00

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 Thomas E. Downing

Signature, typed or printed name of registered agent and his or her official capacity

(NOTE: Registered Agent's signature required when reinstating)

DATE

4-26-97

12. OFFICERS AND DIRECTORS

TITLE P-D ☐ DELETE

NAME THOMAS E. Downing

STREET ADDRESS 13539 TREATY Rd.

CITY-ST-ZIP Spring Hill, FL 34610

TITLE VP S-T ☐ DELETE

NAME Roxanna England

STREET ADDRESS 10811 Powell St.

CITY-ST-ZIP New Port Richey, FL 34610

TITLE D ☐ DELETE

NAME LAVERNE Downing

STREET ADDRESS 13539 TREATY Rd.

CITY-ST-ZIP Spring Hill, FL 34610

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐

Change

☐

Addition

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 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:

Thomas E. Downing 4-26-97

813-868-4200

CR2E034 (9/96)