SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. 198: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750). PARTMENT OF STATE FILED F CORPORATIONS 1998 99 JAN -7 AM 8: 44 7000021751 SECRETARY OF STATE TALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 82 83 84 11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Florida Statutes, the above-named conflice or registered agent, or both, in the State of Florida. Such change was authorized by the corporagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. ation submits this statement for the purpose of changing its registered is board of directors. I hereby accept the appointment as registered Assert SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE resider DELETE 1 1 TITLE Change Addition NAME 12 NAME 1 3 STREET ADDRESS STREET ADDRESS modelle 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change 21 TITLE TITLE VICE PRESIDE ober Regnolds 2 2 NAME NAME 400002752144--8 -01/22/99--01106--032 STREET ADDRESS 222 HURCE PAIL AL 2 3 STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIP ****150.00 | ****150.00 DELETE 3 1 TITLE TITLE 3.2 NAME 400002752144---01/22/99--01106--033 NAME 3 3 STREET ADDRESS STREET ADJUSTESS ****158.75 ***
Change CITY - ST - Zi 34 CITY-ST-ZIP *** 158 75 Change Addition DELETÉ 4.1 TITLE TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4 4 CITY-ST-ZIP DELETE. 51 TITLE ☐ Addition TITLE NAME 52 NAME 5 3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change ☐ Addition 61 TITLE NAME 62 NAME 6 3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), 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;

RTS Converters, Inc.

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P.O.Box 1318 Middleburg, FL 32050

. To Whom It May Concern,

Recently we were informed that we were no longer a Corporation due to an incorrect mailing address in your records, therefore we did not receive a reinstatement bill. We have contacted your office and were advised we could reapply and pay \$150.00 for the reinstatement fee, this time only.

We thank you for understanding and hope this clears up any misunderstanding.

Thank you, Raymond K. Reynolds Owner RTS Converters, Inc.