

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

FILED
May 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000026085 (5)**

1. Corporation Name
RMI, INC.



Principal Place of Business

**4734 COUNTY ROAD 141
WILDWOOD FL 34785**

Mailing Address

**4734 COUNTY ROAD 141
WILDWOOD FL 34785**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/24/1997

2. Principal Place of Business
21 4734 County Road 141
Suite, Apt. #, etc.

22 City & State
Wildwood FL

23 Zip
34785

24 Country
US

2a. Mailing Address
26 4734 County Road 141
Suite, Apt. #, etc.

27 City & State
Wildwood FL

28 Zip
34785

29 Country
US

4. FEI Number
65-0744054

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name **MARK CARUTHERS**
82 Street Address (P.O. Box Number is Not Acceptable)
4734 County Road 141
83 City **Wildwood** **FL** **85** Zip Code **34785**

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 in both 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 **Mark Caruthers** **5-4-98**
Signature, typed or printed name, and date of registration, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE **PTD**
NAME **GRAHAM, ROBERT E**
STREET ADDRESS **4734 COUNTY ROAD 141**
CITY-ST-ZIP **WILDWOOD FL 34785**

TITLE **VSD**
NAME **CARUTHERS, MARK**
STREET ADDRESS **4734 COUNTY ROAD 141**
CITY-ST-ZIP **WILDWOOD FL 34785**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
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 ☒ Change ☐ Addition
2.2 NAME **PTD CARUTHERS, MARK**
2.3 STREET ADDRESS **4734 County Road 141**
2.4 CITY-ST-ZIP **Wildwood, FL 34785**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 registered 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 in an attachment with an address

CR2E034 (10/97)