

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

FILED
Mar 06 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 # **P97000045613 (1)**

1. Corporation Name

R B M HOLDINGS, INC.

Principal Place of Business

**930 WOODCOCK RD.
SUITE 245
ORLANDO FL 32814**

Mailing Address

**930 WOODCOCK RD.
SUITE 245
ORLANDO FL 32814**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/22/1997

4. FEI Number

59-3449454

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

2. Principal Place of Business

21 756 HUMPHRIES AVE.

2a. Mailing Address

Suite, Apt. #, etc.

City & State

23 ORLANDO FL

Zip **24 32803**

Country **25 USA**

Zip **29**

Country **30**

9. Name and Address of Current Registered Agent

**SHEPHERD, RUSSELL
930 WOODCOCK RD.
SUITE 245
ORLANDO FL 32814**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE **PD**
NAME **SHEPHERD, RUSSELL**
STREET ADDRESS **930 WOODCOCK RD. SUITE 245**
CITY-ST-ZIP **ORLANDO FL 32814**

TITLE **D** ☐ DELETE
NAME **RODRIGUEZ, MICHAEL**
STREET ADDRESS **6311 ST. BERNARD AVE**
CITY-ST-ZIP **NEW ORLEANS LA 70122**

TITLE **D** ☐ DELETE
NAME **MALONE, WILLIAM M JR**
STREET ADDRESS **976 BYRON AVE.**
CITY-ST-ZIP **ELIZABETH NY 07208**

TITLE **ST** ☐ DELETE
NAME **SHEPHERD, DEBORAH**
STREET ADDRESS **930 WOODCOCK RD.**
CITY-ST-ZIP **ORLANDO FL 32814**

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 ☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS **756 HUMPHRIES AVE**
1.4 CITY-ST-ZIP **ORLANDO FL 32803**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

4.1 TITLE **Secretary** ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS **756 HUMPHRIES AVE**
4.4 CITY-ST-ZIP **ORLANDO FL 32803**

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **TREASURER**
5.3 STREET ADDRESS **JEFFREY SMITH**
5.4 CITY-ST-ZIP **756 HUMPHRIES AVE**
ORLANDO, FL 32803

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 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, on an attachment with an address.

SIGNATURE

[Signature]

21/098

1117-891-8222

CR2E034 (10/97)