

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000047004**

1. Corporation Name

R P M LIMITED, INC.

Principal Place of Business

**400-B DOUGLAS RD. E
OLDSMAR FL 34677-908
US**

Mailing Address

**550 N REO ST
SUITE 300
TAMPA FL 33609-1013**

FILED
Aug 16, 1999 8:00 am
Secretary of State

08-16-1999 90004 003 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/23/1997

4. FEI Number

59-3450439

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 the current year
Intangible Personal Property. ☒ Yes ☐ No

2. Principal Place of Business

21 301 A MEARS BLVD.

Suite, Apt. #, etc.

22

City & State

23 OLDSMAR, FL.

Zip

24 34677

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**SHAW, BILL M
550 N REO ST
SUITE 300
TAMPA FL 33609-1013**

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

TITLE **D** ☐ DELETE

NAME **HOWE, C. ROBIN**
STREET ADDRESS **210 LIGHTHOUSE CT**
CITY-ST-ZIP **SAFETY HARBOR FL 34695**

TITLE **D** ☐ DELETE

NAME **HOWE, MARK**
STREET ADDRESS **5904 SPRINGRUN CT**
CITY-ST-ZIP **HOLIDAY FL 34690**

TITLE **D** ☐ DELETE

NAME **HOWE, PETER**
STREET ADDRESS **2538 PINETTA CT**
CITY-ST-ZIP **HOLIDAY FL 34691**

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 ☐ 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 ☐ 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MARK HOWE

08/12/99

813-855-2561

CR2E034 (5/99)

097000047084
605970-90004-3

DIVISION OF CORPORATIONS
ANNUAL REPORT/REINSTATEMENT SECTION
P.O. BOX 6327
TALLAHASSEE, FL. 32314-6327

AUGUST 12, 1999

RE: R P M LIMITED, INC.
301A Mears Blvd.
Oldsmar, Fl. 34677
(727) 855-2961

Stacy:

R P M Limited, Inc. did not receive the 1st notice of the
State Annual Report but we did receive the second notice
an we are sending in our annual fee of \$150.00.

Therefore, upon your instructions I am completing the report
and sending it in along with the filing fee.

If additional information is needed please let me know.

Sincerely,

A handwritten signature in black ink, appearing to be 'Mark Howe', with a long horizontal line extending to the right.

MARK HOWE, PRESIDENT