

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

FILED
May 04 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000054533 (9)

1. Corporation Name

R.T.G. ENTERTAINMENT, INC.

Principal Place of Business

Mailing Address

2148 SE EAST DUNBROOKE CIRCLE
PORT ST. LUCIE FL 34952

2148 SE EAST DUNBROOKE CIRCLE
PORT ST. LUCIE FL 34952

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/20/1997

4. FEI Number

65-0763334

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 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

COGGINS, KIMBERLY L
2148 SE EAST DUNBROOKE CIRCLE
PORT ST. LUCIE FL 34952

10. Name and Address of New Registered Agent

81 Name
Kimberly L. Coggins - Gary
82 Street Address (P.O. Box Number is Not Acceptable)
2148 SE Dunbrooke Cir
83
84 City
Port St. Lucie FL 85 Zip Code
34952

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 607.0805, Florida Statutes.

SIGNATURE

Kimberly L. Coggins - Gary

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/98

12. OFFICERS AND DIRECTORS

TITLE PD
NAME COGGINS, KIMBERLY L
STREET ADDRESS 2148 SE DUNBROOKE CIRCLE
CITY-ST-ZIP PORT ST. LUCIE FL 34952 ☐ DELETE

TITLE VD
NAME GARY, STUTSON
STREET ADDRESS 14845 SW SEMINOLE DR
CITY-ST-ZIP INDIANTOWN FL ☐ DELETE

TITLE TD
NAME BLAKE, RICHARD
STREET ADDRESS 420 EAST PARK AVE
CITY-ST-ZIP TALLAHASSEE FL ☒ DELETE

TITLE SD
NAME BARNES, CHRISTINE
STREET ADDRESS 1011 NORTH MADISON
CITY-ST-ZIP THOMASVILLE GA ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME Gary-Coggins, Kimberly L.
1.3 STREET ADDRESS 2148 SE Dunbrooke Cir.
1.4 CITY-ST-ZIP Port St. Lucie, FL 34952 ☒ Change ☐ Addition

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

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

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

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

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

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 or on an attachment with an address.

CR2E034 (10/97)