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FILED
May 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000060812 (9)

1. Corporation Name

R L M P CORPORATION



Principal Place of Business

1805 SOUTH OHIO AVENUE
LIVE OAK FL 32060

Mailing Address

1805 SOUTH OHIO AVENUE
LIVE OAK FL 32060

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/08/1997

4. FEI Number

593457296

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.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

PETERSON, ELIZABETH M
1805 SOUTH OHIO AVENUE
LIVE OAK FL 32060

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
NAME PETERSON, ERIC C
STREET ADDRESS 3205 DON QUIXOTE CIRCLE
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

☐ DELETE

TITLE D
NAME PETERSON, ELIZABETH M
STREET ADDRESS 3205 DON QUIXOTE CIRCLE
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

☐ DELETE

TITLE D
NAME HAUPT, MANNY C
STREET ADDRESS 1805 SOUTH OHIO AVENUE
CITY-ST-ZIP LIVE OAK FL 32060

☐ DELETE

TITLE D
NAME HAUPT, PAMELA F
STREET ADDRESS 1805 SOUTH OHIO AVENUE
CITY-ST-ZIP LIVE OAK FL 32060

☐ 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 VICE PRESIDENT
1.2 NAME ERIC C Peterson
1.3 STREET ADDRESS P.O. Box 61917
1.4 CITY-ST-ZIP JACKSONVILLE, FL. 32236

☐ Change

☐ Addition

2.1 TITLE SECRETARY
2.2 NAME ELIZABETH M PETERSON
2.3 STREET ADDRESS P.O. Box 61917
2.4 CITY-ST-ZIP JACKSONVILLE, FL. 32236

☐ 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)

904-781-
14172