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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000104672 (5)

R.T.G. ENTERPRISES INC.

Principal Place of Business

Mailing Address

FILED Apr 27 1998 8:00am Secretary of State



414 TURNED STREET 414 TURNER STREET CLEABWATER FL 33756 CLEARWATER FL 33756 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/11/1997 Principal Place of Business 4, FEI Number Applied For 40433 Not Applicable Sulte, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 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 10. Name and Address of New Registered Agent 81 Name JIRIKOWIC, RAYMOND 317 RIDGE ROAD **B2** Street Address (P.O. Box Number is Not Acceptable) PALM HARBOR FL 34683 83 84 City Zip Code of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered to both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered accept the obligations of, Section 607.0505, Florida Statutes. office or registered agent agent. I am familiar (NOTE: Registered Agent signature required when reinstating) of registered agent and title if applicable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE □ DELETE 1.1 TITLE ☐ Change Addition JIRIKOWIC, RAYMOND NAME 1.2 NAME 414 TURNER STREET STREET ADDRESS 1.3 STREET ADDRESS CLEARWATER FL 33756 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE Change Addition 2.1 TITLE NAME 2.2 NAME 40433 US 19 No. STREET ADDRESS 2.3 STREET ADDRESS SPRINGS FL 34689 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - ZIP DELETE Change TITLE Addition 41 THILE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 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 occurr 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 product of the corporation of