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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000105708 (6)

RGB COMMUNITIES, INC.

Principal Place of Business Mailing Address

17 SOUTH PALAFOX STREET, STE. 394 P.O. BOX 12358
PENSACOLA FL 32501 PENSACOLA FL 32582

## FILED Feb 20 1998 8:00am Secretary of State



					DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified	
l l						12/10/1997	
2. Principal Place of Business			2a. Mailing Address			4. FEI Number X Applied For	
21	26					Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional	
22			7			Fee Required	
City & State			City & State			6. Election Campaign Financing \$5.00 May Be	
23		28				Trust Fund Contribution Added to Fees	
Zip Zip	Country		Zip	Country		8. This corporation owes or has paid the current year Intangible	
24	25	29		30		Personal Property Tax due June 30. 🔀 Yes 🗌 No	
9. Name and Address of Current Registered Agent					-	10. Name and Address of New Registered Agent	
BAKER, RICHARD R					81 Name		
17 SOUTH PALAFOX STREET, STE. 394					82 Street Address (P.O. Box Number is Not Acceptable)		
PENSACOLA FL 32501					1	The second of th	
	•			8	3		
				-	4 00	Lee Little Control	
				8	4 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			13.	The state of the s		
TITLE			DELETE	1.1 TITLE		PRESIDENT/DIRECTOR Change Addition	
NAME				1.2 NAM	<b>.</b>	J. DAN GILMORE	
STREET ADDRESS				1.3 STRE	ET ADDRESS	17 S. PALAFOX, STE 394	
CITY-ST-ZIP				1.4 CITY	- ST-7IP	PENSACOLA, FL 32582	
TITLE	<del></del>		DELETE	2.1 TITLE		VP/DIRECTOR	
NAME				2.2 NAM		RICHARD R. BAKER	
STREET ADDRESS					et address	17 S. PALAFOX, STE 294	
CITY-ST-ZIP				2. 4 CITY		PENSACOLA, FL 32582	
TITLE		·	DELETE	3.1 TITLE		Change Addition	
NAME				3.2 NAMI			
STREET ADDRESS					- et address		
CITY-ST-ZIP	- I		3.4. CITY	-			
TITLE			4.1 TITLE		Change Addition		
NAME				4. 2 NAM			
STREET ADDRESS					E1 ADDRESS		
CITY-ST-ZIP TITLE			☐ DELETE	4.4 CITY 5.1 TITLE		Change Addition	
			LJ VELLIL			L. Johangs L. Auditudii	
NAME				5.2 NAMI			
STREET ADDRESS					et address		
CITY-ST-ZIP	<u> –                                   </u>		Designe	5.4 CITY			
TITLE			DELETE	6.1 TITL€		☐ Change ☐ Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STRE	ET ADDRESS		
CITY-ST-ZIP				6.4 CITY-			
44 I hereby o	earlify that the information conclined a	with this filir	na dage not qualify for	the avem	otion state	od in Section 119 07/3/i) Florida Statutes I further cortify that the information	

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.

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