

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90030 008 ***150.00

DOCUMENT # P98000058551 1. Corporation Name

RHOME CORPORATION

ĺ	
ł	Principal Place of Business
	101 WYMORE RD., STE, 538 ALTAMONTE SPRINGS FL 32714
	2. Principal Place of Business
[21
	Suite, Apt. #, etc.
Ī	City & State

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

26

101 WYMORE RD., STE. 538 ALTAMONTE SPRINGS FL 32714

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

59-3527504

06/25/1998

FEI Number

Suite, Apt.	#, etc.	Ь,	Suite, Apt. #, etc.				5. Certifcate of Status Desired		30.13 A	
2		27							Fee Red	quired
City & State	e	28	City & State			-	6. Election Campaign Financing Trust Fund Contribution		\$5.00 h Added to	- 1
Zip	Country		Zip	Cou	intry		8. This corporation owes the cu	rrent year	Intangible	_/
4	25	29		30			Personal Property Tax.	•	☐Yes _	ØNo :
-1	9. Name and Address of Current F	Registe	ered Agent				10. Name and Address of New	Registere	d Agent	
					81	Name				
	RITY, MICHAEL J				82 Street Address (P.O. Box Number is Not Acceptable)					
101	WYMORE RD., STE. 538									
ALTA	AMONTE SPRINGS FL 32714				83					
					84	City		F	L 85 Zip C	ode
11. Pursuant	to the provisions of Sections 607.0502	and 607	7.1508. Florida Statu	ites, the a	bove	e-named corr	poration submits this statement for th	e purpose	of changing its	registered
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida	. Such change was	authorized	by	the corporation	on's board of directors. I hereby according	opt the app	ointment as reg	jistered
agent. I a	m familiar with, and secept the obligation) IS OI, S				T C-	with President		27/00	
SIGNATURE	Signature, typed or printed name of registered agent a	2		Char		J. G-C	ed when reinstating)	DATE	-1/79_	
12.	OFFICERS AND			13.			ADDITIONS/CHANGES TO O	FFICERS	AND DIRECTOR	RS IN 12
TITLE	DPTS		☐ DELETE	1.1 Ti	TLE				☐ Change	☐ Addition
NAME	GERRITY, MICHAEL J		_	12 N	1.2 NAME					
	101 WYMORE RD., STE. 538					ADORESS				
STREET ADDRESS		Ī								
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	<u> </u>	☐ DELETE	1.4 C	TY-SI	!-ZIP	<u> </u>		☐ Change	Addition
TITLE	·								straings	
NAME				2.2 N						
STREET ADDRESS						TADDRESS				
CITY-ST-ZIP			F1 DELETE			ST-ZIP			Change	☐ Addition
TITLE	• =		DELETE	3.1 ₹[•			☐ Change	
NAME				3.2 N		İ				İ
STREET ADDRESS				3.3 S	TREET	TADDRESS				
CITY-ST-ZIP						ST- ZIP				□ Addis:
mre			☐ DELETE	4.1 Ti	TLE				Change	☐ Addition
NAME				4.2 N	AME					
STREET ADDRESS				4.3 S	TREET	TADDRESS				
CITY-ST-ZIP			·	4.4 C	TY-SI	T-ZIP				
TITLE			☐ DELETE	5.1 T/					Change	☐ Addition
NAME				5.2 N	ME					
STREET ADDRESS				5.3 ST	REET	TADORESS				
CITY-ST-ZIP					TY-ST	T-ZIP			•	
TITLE			□ DELETE	6.1 TI	TLE				☐ Change	☐ Addition
NAME				6.2 N	AME					
STREET ADDRESS				6.3 S	REET	TADDRESS				
CITY-ST-ZIP				6.4 CI	TY-ST	T- ZIP				
ALT-ST-ZIF		41.1 6 31				 	0 -41 440 07(0)(1) Flid- 04-4-4-	T. C. cath. c		

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. 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, with all other like empowered.

SIGNATURE:

Applied For

\$8.75 Additional

Not Applicable