FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # S19613 (6)

1. Corporation Name
RESOURCE OPPORTUNITIES, INC.

Principal Place of Business
4122 INNSLAKE DR
GLEN ALLEN VA 23060
US

Mailing Address
3611 QUEEN PALM DR.
TAMPA FL 33619

3. Date Incorporated or Qualified: 12/19/1990
3a. Date of Last Report: 06/26/1995
4. FEI Number: 58-1930884 — 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21 5111 Rogers Avenue,
Suite, Apt. #, etc.
22 Suite 40-A
City & State
23 Fort Smith, AR
Zip 24 72919-0155
Country 25 Sebastian

2a. Mailing Address
26 5111 Rogers Avenue
Suite, Apt. #, etc.
27 Suite 40-A
City & State
28 Fort Smith, AR
Zip 29 72919-0155
Country 30 Sebastain

9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 700001839267 -05/21/96--01162--014
84 City ***200.00 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	DV	☒ DELETE
NAME	HARRELL, CECIL S.	
STREET ADDRESS	3611 QUEEN PALM DR.	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	DV	☒ DELETE
NAME	BERTRAM, MARTIN T JR	
STREET ADDRESS	3611 QUEEN PALM DRIVE	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	VST	☒ DELETE
NAME	REDMOND, DAVID L	
STREET ADDRESS	3611 QUEEN PALM DR	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	P	☒ DELETE
NAME	HALL, ALICE T.	
STREET ADDRESS	4122 INNSLAKE DRIVE	
CITY-ST-ZIP	GLEN ALLEN VA 33619	
TITLE	VP	☒ DELETE
NAME	LEEP, MICHAEL	
STREET ADDRESS	4122 INNSLAKE DRIVE	
CITY-ST-ZIP	GLEN ALLEN VA 23060	
TITLE	V	☒ DELETE
NAME	GUY, CHARLES	
STREET ADDRESS	3611 QUEEN PALM DRIVE	
CITY-ST-ZIP	TAMPA FL 33619	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/P	☒ Change ☐ Addition
1.2 NAME	Mathies, William A.	
1.3 STREET ADDRESS	5111 Rogers Avenue, Suite 40-A	
1.4 CITY-ST-ZIP	Fort Smith, AR 72919-0155	
2.1 TITLE	D/EV	☒ Change ☐ Addition
2.2 NAME	Stephens, Bobby W.	
2.3 STREET ADDRESS	5111 Rogers Avenue, Suite 40-A	
2.4 CITY-ST-ZIP	Fort Smith, AR 72919-0155	
3.1 TITLE	D/VS	☒ Change ☐ Addition
3.2 NAME	Pommerville, Robert	
3.3 STREET ADDRESS	5111 Rogers Avenue, Suite 40-A	
3.4 CITY-ST-ZIP	Fort Smith, AR 72919-0155	
4.1 TITLE	D/C	☒ Change ☐ Addition
4.2 NAME	Banks, David R.	
4.3 STREET ADDRESS	5111 Rogers Avenue, Suite 40-A	
4.4 CITY-ST-ZIP	Fort Smith, AR 72919-0155	
5.1 TITLE	D/VC	☒ Change ☐ Addition
5.2 NAME	Hendrickson, Boyd W.	
5.3 STREET ADDRESS	5111 Rogers Avenue, Suite 40-A	
5.4 CITY-ST-ZIP	Fort Smith, AR 72919-0155	
6.1 TITLE	VP/AS	☒ Change ☐ Addition
6.2 NAME	MacKenzie, John W.	
6.3 STREET ADDRESS	5111 Rogers Avenue, Suite 40-A	
6.4 CITY-ST-ZIP	Fort Smith, AR 72919-0155	

5-1-96

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: John W MacKenzie — John W. MacKenzie (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) — 4/25/96 (Date) — 501-484-8465 (Daytime Phone #)

CR2E034 (12/95)