1-31-95 B-714-MC

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 31 AM 10:10

DOCUMENT # V13868 (7)

1. Corporation Name
RF SPECIALTIES OF FLORIDA, INC.

Principal Place of Business	Mailing Address
33 JOHN SIMS PARKWAY VALPARAISO FL 32580 US	~~BOX 397~~ ~~NICEVILLE FL 32588~~ ~~US~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/12/1992
3a. Date of Last Report: 03/02/1994

2. Principal Place of Business
21:
22: Suite, Apt. #, etc.:
23: City & State:
24: Zip:
25: Country:

2a. Mailing Address
26: 33 John Sims
27: Suite, Apt. #, etc.: 1
28: City & State: VALPARAISO FL
29: Zip: 32580
30: Country:

4. FEI Number: 59-3104617 ☐ 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

9. Name and Address of Current Registered Agent

HOISINGTON, WILLIAM K.
33 JOHN SIMS PARKWAY
VALPARAISO FL 32580

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: William K. Hoisington 1-25-95
(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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	1.1 TITLE	☐ Change ☐ Addition
NAME	MCCOY, GENE JR	1.2 NAME	
STREET ADDRESS	1211 10TH AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	CENTRAL CITY NE	1.4 CITY-ST-ZIP	
TITLE	T	2.1 TITLE	☐ Change ☐ Addition
NAME	MCCOY, GENE SR	2.2 NAME	
STREET ADDRESS	2925 RIO VISTA	2.3 STREET ADDRESS	
CITY-ST-ZIP	EMPORIA KA 66801	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	☐ Change ☐ Addition
NAME	TURNEY, WILLIAM P.	3.2 NAME	
STREET ADDRESS	271 GRANDVIEW	3.3 STREET ADDRESS	
CITY-ST-ZIP	VALPORAISO FL	3.4 CITY-ST-ZIP	
TITLE	P	4.1 TITLE	☑ Change ☐ Addition
NAME	HOISINGTON, WILLIAM K.	4.2 NAME	
STREET ADDRESS	1209 3ED GA	4.3 STREET ADDRESS	126 JOHN SIMS PKWY
CITY-ST-ZIP	ANDAL AL	4.4 CITY-ST-ZIP	VALPARAISO FL 32580
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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 do hereby certify that the information supplied with this filing is true, duly 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: William K. Hoisington 1-26-95 9046788943
(Name and Florida Phone Number of Signing Officer or Director) Date Daytime Phone #

0471886 FP