

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

DOCUMENT # V13868 (7)

1. Corporation Name

RF SPECIALTIES OF FLORIDA, INC.



Principal Place of Business

33 JOHN SIMS PARKWAY
VALPARAISO FL 32580
US

Mailing Address

33 JOHN SIMS
1
VALPARAISO FL 32580
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

02/12/1992

3a. Date of Last Report

01/31/1995

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

10. Name and Address of New Registered Agent

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

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

Signature typed or printed name, corporation and title, if applicable

(NOTE: Registered Agent signature required when relocating)

DATE

2-5-96

12. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE S ☐ DELETE
NAME MCCOY, GENE JR
STREET ADDRESS 1211 10TH AVE.
CITY-ST-ZIP CENTRAL CITY NE

TITLE T ☐ DELETE
NAME MCCOY, GENE SR
STREET ADDRESS 2925 RIO VISTA
CITY-ST-ZIP EMPORIA KA 66801

TITLE V ☐ DELETE
NAME TURNEY, WILLIAM P.
STREET ADDRESS 271 GRANDVIEW
CITY-ST-ZIP VALPARAISO FL

TITLE P ☐ DELETE
NAME HOISINGTON, WILLIAM K.
STREET ADDRESS 126 JOHN SIMS
CITY-ST-ZIP VALPARAISO FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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 officer 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, on an attachment with an address.

SIGNATURE

Signature typed or printed name, corporation and title, if applicable

Date

Telephone #

2596 94678995

CR2E034 (12/95)