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

NAME

STREET ADDRESS

SIGNATURE:

FILED Mar 09 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT** # (0)RKG, INC. Principal Place of Business Mailing Address 5501 28TH ST N P.O. BOX 2489 LUTZ FL 33549 DO NOT WRITE IN THIS SPACE ST. PETE FL 33714 3. Date Incorporated or Qualified 04/21/1992 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 5501 Not Applicable 59-3119503 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 24 Personal Property Tax due June 30. Yes Yes 10. Name and Address of New Registered Agent BRITT, DONNA J LASDAY 17806 BIVENDEL RD LUTZ FL 33549 Zip Code 3364 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. Lasder Jian reinstating) 2/26/98 Frederic OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. TITLE DELETE 1.1 TITLE Change NAME DONNA J. BRITT 1.2 NAME BRITT, IMES D. 3810 SAN CALLOS STREET ADDRESS 17808 RIVENDEL RD. 1.3 STREET ADDRESS LUTZ FL 1.4 CITY - ST - ZIP CITY - ST-ZIP TMUA_F DELETE 2.1 TITLE Addition TITLE BRITT, I AMES A. NAME BRITT, JAMES D 2 2 NAME 3810 W. SAN CALLOS #203 STREET ADDRESS 17806 RIVENDEL RD. 2 3 STREET ADDRESS LUTZ FL CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE TITLE 31 TITLE NAME 3 2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP Change TITLE DELETE 4.1 TITLE Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 52 NAME STREET ADDRESS 5,3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS 64 CiTY-ST-ZIP 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 suppliemental 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

2-50-98

813-510-9605