

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED
FILED

FLORIDA
ARTICLE 601



OFFICE OF THE SECRETARY OF STATE
JANUARY 1, 1995
TAMPA, FLORIDA 33602

1995

DOCUMENT # V60284

(9)

RATTLESNAKE SERVICES, INC.

5411 W. TYSON AVE
TAMPA FL 33611

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TAMPA FL 33611

3. Date of Incorporation (or 2nd year)	3a. Date of Last Return
08/26/1992	05/01/1994
4. FIC Number	Applied For
59-3160029	Not Applicable
5. Certificate of Status Entered	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
8. This corporation is subject to the Uniform Gifts to Minors Act (UGTMA)	Florida Statute ☐ Yes ☐ No

2. Name of Corporation	2a. Mailing Address
21. State of Incorporation	26. Mailing Address
22. City or County	27. City or County
23. State	28. State
24. Name of Current Registered Agent	29. Name of Current Registered Agent
25. Address of Current Registered Agent	30. Address of Current Registered Agent

9. Name and Address of Current Registered Agent	
KEARNEY, JOHN E. 5411 W. TYSON AVE TAMPA FL 33611	

10. Name and Address of New Registered Agent	
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	85. Zip Code
FL	

11. Pursuant to the provisions of Sections 601.01, 601.02, and 601.03, Florida Statute, this above named corporation submits this statement for the purpose of changing its registered office or registered agent in accordance with the Statute of Florida. Such change was authorized by the corporation's board of directors. I hereby accept this appointment as registered agent. I am familiar with and accept the obligations of this position. (Section 601.03, Florida Statute)

SIGNATURE _____

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME P KEARNEY, JOHN E 5411 W TYSON AVE TAMPA FL 27	1. NAME 2. ADDRESS 3. CITY 4. STATE 5. ZIP CODE 6. CHANGE 7. ADDITION
	8. NAME 9. ADDRESS 10. CITY 11. STATE 12. ZIP CODE 13. CHANGE 14. ADDITION
	15. NAME 16. ADDRESS 17. CITY 18. STATE 19. ZIP CODE 20. CHANGE 21. ADDITION
	22. NAME 23. ADDRESS 24. CITY 25. STATE 26. ZIP CODE 27. CHANGE 28. ADDITION
	29. NAME 30. ADDRESS 31. CITY 32. STATE 33. ZIP CODE 34. CHANGE 35. ADDITION
	36. NAME 37. ADDRESS 38. CITY 39. STATE 40. ZIP CODE 41. CHANGE 42. ADDITION
	43. NAME 44. ADDRESS 45. CITY 46. STATE 47. ZIP CODE 48. CHANGE 49. ADDITION
	50. NAME 51. ADDRESS 52. CITY 53. STATE 54. ZIP CODE 55. CHANGE 56. ADDITION
	57. NAME 58. ADDRESS 59. CITY 60. STATE 61. ZIP CODE 62. CHANGE 63. ADDITION
	64. NAME 65. ADDRESS 66. CITY 67. STATE 68. ZIP CODE 69. CHANGE 70. ADDITION
	71. NAME 72. ADDRESS 73. CITY 74. STATE 75. ZIP CODE 76. CHANGE 77. ADDITION
	78. NAME 79. ADDRESS 80. CITY 81. STATE 82. ZIP CODE 83. CHANGE 84. ADDITION
	85. NAME 86. ADDRESS 87. CITY 88. STATE 89. ZIP CODE 90. CHANGE 91. ADDITION
	92. NAME 93. ADDRESS 94. CITY 95. STATE 96. ZIP CODE 97. CHANGE 98. ADDITION
	99. NAME 100. ADDRESS 101. CITY 102. STATE 103. ZIP CODE 104. CHANGE 105. ADDITION

14. I, the undersigned, certify that the information supplied with this filing is substantially true and correct and that I am duly qualified to file this statement. I am a resident of the State of Florida. I have read the provisions of the Statute of Florida and I am familiar with and accept the obligations of this position. I am familiar with and accept the obligations of this position. (Section 601.03, Florida Statute)

SIGNATURE: John E. Kearney John E. Kearney 3-13-94 813-8314890
TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR