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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 697727

1. Corporation Name

RKT CONSTRUCTORS, INC.

Principal Place of Business

CIA BODI KELLEY BOREDTS

Mailing Address

C/O BOBLKELLEY ROBERTS

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90302 022 ***158.75



1514 S WASHINGTON AVE TITUSVILLE FL 32780		1514 S WASHINGTON AVE TITUSVILLE FL 32790			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 08/05/1981				
2. Principal Place of Business / 2a. Mailing Address /			16 16 1			FEI Number			Applied For
21 520	OSOLOTH US #1	26 (9230 Odo, a	15 1	4_/		<u>59-2117862</u>			Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27				5.	5. Certifcate of Status Desired		•	\$8.75 Additional Fee Required	
City & State			lle	<u> </u>	6.	Election Campaign F Trust Fund Contribut	- 1		00 May Be
25 000000000000000000000000000000000000			Country			This corporation owe			<u>Ed to 1 CC3</u>
Zip 27	96 [25]	29 7/0_ 30	¬ 10°	278	0	Personal Property Ta	ax.	☐ Yes	≥ No
	9. Name and Address of Current	Registered Agent		,		Name and Address	of New Registered	d Agent	
			81	Name					
ROBERTS, ROBI KELLEY				Street	Address (P	O. Box Number is N	ot Acceptable)		
1514 9 WASHINGTON AVE 5220 S US #/					· ·				
IIIU	SVILLE FL 32780		83						
			84	City			F	L 85 2	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						-it-ti)	DATE		
	Signature, typed or printed name of registered agent a OFFICERS AND		13.	nt signature n	required when re	ADDITIONS/CHANGE		ND DIREC	CTORS IN 12
TITLE	PTD	□ DELETE	1.1 TITLE	-	T	100,110,10,10,10,110,110		Char	
NAME	DODEDTO DODI KELLEY		1.2 NAME						
STREET ADDRESS	1514 S WASHINGTON AVE 58	20\$.U5#1	1.3 STREE	TADDRESS	;				
CITY-ST-ZIP	TITUSVILLE, FL 00000 327	RO	1.4 CITY-S						
TITLE	\$	☐ DELETÉ	2.1 TITLE		<u> </u>		_	Char	nge 🗌 Addition
NAME	KELLEY, HOLLEY J. STACK	-Holley Kelley	2.2 NAME						
STREET ADDRESS	1514 S WASHINGTON AVE	205.4541	2.3 STREE	T ADDRESS	:	1			
CITY-ST-ZIP	TITUSVILLE, FL 99990 32 78	30	2.4 CITY-	ST-ZIP		. *			, <u>, , , , , , , , , , , , , , , , , , </u>
TITLE	VD	☐ DELETE	3.1 TITLE					Char	nge 🗀 Addition
NAME	KELLEY E DEI								
STREET ADDRESS	1514 S. WASHINGTON AVE 52	1205.U5#1	3.3 STREE	TADDRESS	;				
CITY-ST-ZIP	TITUSVILLE FL 32780		3.4. CITY-	ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE					Char	nge 🗀 Addition
NAME			4. 2 NAME			•			
STREET ADDRESS			4.3 STREE	TADDRESS	s				
CITY-ST-ZIP			4.4 CITY- S	T-ZIP					
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NAME			5.2 NAME	T.400====					
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NAME	i		6.2 NAME	T 4000000	,				
STREET ADDRESS				TADDRESS	<u>'</u>				,
CITY-ST-ZIP	l		6.4 CITY-S	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 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, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP