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 # G15848

RETHISAIDA INC

FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90082 006 ***150.00

, DETTION												
Principal Place	e of Business	Ма	Mailing Address					, , , , , , , , , , , , , , , , , , , ,				
4315 HAMILTON RD			4315 HAMILTON RD					·				
LAKELAND FL	33811	ĻAI	(ELAND FL 33811					DO NOT WRITE IN T	HIS SPACE			
								3. Date incorporated or Qualifed 12/29/1982				
2 Principal P	lace of Business	2a.	Mailing Address					4. FEI Number		App	lied For	
	iace of Eusiness	26	Maining Address					59-2273898		+ • • •	Applicable	
21 Suite, Apt. #, etc.			Suite, Apt. #, etc.					1	\$8.		ditional	
22			27				•	5. Certificate of Status Desired	Fe	e Req	uired	
City & State			City & State					6. Election Campaign Financing	\$5.	۸ 00	fay Be	
23			28					Trust Fund Contribution Added to Fees				
Zip Country			Zip Country					8. This corporation owes the current year Intangible				
25		29	29 30					Personal Property Tax.				
	9. Name and Address of Curren	t Regis	tered Agent					10. Name and Address of New Register	red Agent			
					81	Nam	9					
	TNER, W. RAY				82	Strac	t Addre	ess (P.O. Box Number is Not Acceptable)				
422 South Florida ave.						06	1 Addit					
LAKI	ELAND FL 33802				83							
	•		•		84	City			. 85	Zip C	nde	
	. *					'			"L		1	
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga Signature, typed or printed name of registered ager	of Florid Itions of,	la. Such change was a Section 607.0505, Flo	uthorized irida Stati	i by utes	the co	poratio	oration submits this statement for the purposin's board of directors. I hereby accept the appropriate the purposition of the pu	,	as reg	stered	
12.	OFFICERS AN			13.	<u> </u>			ADDITIONS/CHANGES TO OFFICERS	AND DIRE	CTO	RS IN 12	
TITLE	PD		☐ DELETE	1.1 71	TLE		\top	·	☐ Chi	inge	Addition	
NAME	RITCHEY, DAVID A.			1.2 N	AME.							
STREET ADDRESS	4309 HAMILTON ROAD		•	1.3 \$3	REET	TADDRES	is					
CITY-ST-ZIP	LAKELAND FL			1.4 CI	TY-S	T-ZIP						
TITLE	VS		DELETE	2.1 Τ			1		Cha	inge	☐ Addition	
NAME	RITCHEY, JULIA A.			2.2 N	AME							
STREET ADDRESS	4309 HAMILTON ROAD			2.3 S	TREET	TADDRES	is :	•			,	
- CiTY-ST-ZIP -	LAKELAND FL		. ~	~ 2.4c	ITY-S	ST-ZIP	-				_	
TITLE			☐ DELETE	3.1 TI			\top		. Cha	nge	☐ Addition	
NAME .				3.2 N	AME		ŀ					
STREET ADDRESS				3.3 S1	TREET	T ADDRES	s					
CITY-ST-ZIP						ST-ZIP						
TITLE			☐ DELETE	4.1 TI					Ch:	inge	☐ Addition	
NAME				4.2 N	AME							
STREET ADDRESS				4.3 ST	TREE	T ADORES	is	:			ļ	
CITY-ST-ZIP	• * * . • •			4.4 CI	TY-S	T- ZIP		· · · · · ·				
TITLE			☐ DELETE	5.1 TI			1		□ Ch	ange	☐ Addition	
NAME				5.2 N	AME					•	ł	
STREET ADDRESS				5.3 S	TREET	TADORES	ప					
CITY-ST-ZIP	,			5.4 CI	ITY-S	T-ZIP						
TITLE			DELETE .	6.1 TI	TLE				☐ Cha	ange	☐ Addition	
NAME	,			6.2 N	AME							
STREET ADDRESS				6.3 S	TREE	T ADDRES	is					

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:

(941) 644-3009 Daytime Phone #