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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H52996

(6)

R & S INDUSTRIAL SERVICE CO.

## FILED Mar 19 1998 8:00am Secretary of State

Principal Place	e of Business	Mailing Address	ailing Address			F INDUNAL DIAL DIALD LEGAT LOUIS INLIN AND AND A	DIMA RIBIL DI	Til Alak Alfi	H BIBIN HABI
% RUSSELL SCARLOTT 1854 KIM ACRES LANE DOVER FL 33527		% Russell Scarlott 1854 kim Acres Lane Dover Fl 33527	1854 KIM ACRES LANE			DO NOT WRITE I	N THIS SF	ACE	
						3. Date Incorporated or Qualified			
9 D-111 D	)	La Mallian Andrew				04/19/1985			
<u> </u>	lace of Business	2a. Mailing Address				4. FEI Number		<u> </u>	pplied For
Suite, Apt.	# pic	Suite, Apt. #, etc.		_		59-2529074			ot Applicable Additional
22	w, 510.	27				5. Certificate of Status Desired			equired
City & State	8	City & State				6. Election Campaign Financing			May Be
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zip	Country	ý		8. This corporation owes or has paid	the curre		· · · · · · · · · · · · · · · · · · ·
24	25	29	30			Personal Property Tax due June 3	<del></del>		No
	g, Name and Address of Curr	rent Registered Agent	81	_		10. Name and Address of New Reg	istered A	ent	
SCARLOTT, RUSSELL					Name				
1854 KIM ACRES LANE			82	1	Street Addre	ss (P.O. Box Number is Not Acceptable	9)		
DO1	VER FL 33527			L			- ,		
			83	1					
			84	+	City			85 Zip	Code
							FL		
11. Pursuant i	to the provisions of Sections 607.0	1502 and 607.1508, Florida Statutes	s, the above	e-r	named corpo	pration submits this statement for the pu on's board of directors. I hereby accept	rpose of c	hanging i	ts registered
agent f a	m familiar with, and accept the ob	ligations of, Section 607.0505, Flori	ida Statute	8.	no corporatio	pris board of directors. Thereby accept	inc appoi	in in in the	TOBIOLO: OS
SIGNATURE									
	Signature, typed or printed name of registered			ent	algnature required	d when reinstating)	DATE		
12.		AND DIRECTORS  DELETE	13. 1.1 TITLE			ADDITIONS/CHANGES TO OFFICE		Change	Addition
TITLE	PD CADIOTT DUCCEU	Doctor					-	Unange	L. ADOMON
NAME	SCARLOTT, RUSSELL 1854 KIM ACRES LANE		1.2 NAME		DDDCCC				
STREET ADDRESS	DOVER FL		1.3 STREET						
CITY-ST-ZIP	DOVEN PL	DELETE	1.4 CITY - S 2 1 TITLE	81-	ZIP			Change	Addition
NAME			2.2 NAME				-	, s Change	
STREET ADDRESS			2.3 STREET	T AC	nneree				
CITY-ST-ZIP			2.4 City-						
TITLE		DELETE	31 TITLE	31.	ZIF			Change	Addition
NAME			3.2 NAME		1			•	
STREET ADDRESS			3.3 STREET	T AC	DORESS				
CITY-ST-ZIP			3.4. CITY -						:
TITLE		DELETE	41 TITLE	-				Change	Addition
NAME			4.2 NAME		i				
STREET ADDRESS			4.3 STREET	T AD	DORESS				•
CITY-ST-ZIP			4.4 City-5	ST-	ZIP				
TITLE		☐ DELETÉ	5.1 TITLE					Change	☐ Addition
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET	T AE	DORESS				
CITY-ST-ZIP			5.4 CITY-5	ST-	ZIP				
TITLE		☐ DELETE	6.1 TITLE				L	Change	☐ Addition
NAME			6.2 NAME		İ				
STREET ADDRESS			6.3 STREET	T AC	DORESS				
CITY-ST-ZIP			6.4 CITY-S				<u> </u>		
14. I hereby of indicated	certify that the information supplied	i with this filing does not qualify for	the exemp	otio 181	on stated in S	Section 119.07(3)(i), Florida Statutes. I fu shall have the same legal effect as if r	urther cert	fy that the	Information
officer or o	director of the corporation or the re	eceiver or trustee empowered to ex	xecute this	re	port as requi	red by Chapter 607, Florida Statutes; a	nd that my	name ap	pears in
Block 12 or Block 13 if changed, or on an attachment with an address.									