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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000071192

Principal Place of Business

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADORESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

R & C ENTERPRISES, INC.

2416 S.W. 39TH TERRACE CAPE CORAL FL 33914			2416 S.W. 39TH TERRACE CAPE CORAL FL 33914					DO NOT WRITE IN THIS SPACE					
									Date Incorporated or Qualifed				
2. Principal Place of Business 2a. Mailing Add				dress				4 . F	El Number		Α	pplied For	
21 26			26]				6	65-0608806		l N	lot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.								.	Certificate of Status Desired	П	\$8.75 Additional		
22			27				3 . (Definition of Status Desired		Fee F	Required		
City & S ate			City & State					Election Campaign Financing Frust Fund Contribution		·-	May Be I to Fees		
Zip	Coun		Zip		Country	,		8. 1	This corporation owes the curr	rent year I	ntangible		
24	25	,	29	30				F	Personal Property Tax.		Yes	[]No	
9. Name and Add ess of Current Registered Agent							1	10. Name and Address of New Registered Agent					
					81	Name	,						
RUCKSTUHL, CAROLLEE 2416 S.W. 39TH TERRACE					82	Stroot	Addrace	/D (D. Box Number is Not Accept	ahle)			
					02	Sueer Aco		(14	J. Box Maillock is Not Accopt	uolo,			
CA	PE CORAL FL 33914				83								
					_						les Zin	Cado	
					84	City				F	L 85 Zip) C∋de	
Í office.cr	nt to the provisions of S∈ r registered agent, or bo am familiar with, and ac	n. in the State of I	Florida, Such chan	ge was autho	rized by	tne corp	d corporation's	ion boa	submits this statement for the and of cirectors. I hereby acce	purpose pt the app	of changing if ointment as a	s registered eg stered	
SIGNATUFE	Ε									DATE			
Ogintary, Aport of Printer						nt signature	required whe		nstating) DDITI()NS/CHANGES TO OF		MID DIRECT	OF'S IN 12	
12.		OFFICERS AND		ELETE	13.		$\overline{}$	Α.	DDITIC/NS/CHANGES TO OF	FIGERS /	Change		
TITLE	PD BUOKOTHU DIO	,	ان ہے								onange		
NAME	RUCKSTUHL, RICI			1	1.2 NAME								
STREET ADDRESS 2416 S.W. 39TH TERRACE				1.3 STREET ADDRESS		3							
CITY-ST-ZIP	CAPE CORAL FL	33914			1.4 CITY-5	T-ZIP	 		_ 		Change	Addition	
TITLE	STD		□ D	ELETE	2.1 TITLE						criange	: [_] Addition:	
NAME	RUCKSTUHL, CAF				2.2 NAME								
STREET ADDRESS 2416 S.W. 39TH TERRACE				2.3 STREET ADDRESS									
CITY-ST-ZIP	CAPE CORAL FL	33914			2, 4 CITY-	ST-ZIP	↓						
TITLE			□ D	ELETE	3.1 TITLE						Change	e 🔲 Addition	

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 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 attact ment with an address, with all other like empowered.

3.1 TITLE 3.2 NAME

41 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

☐ DELETE

DELETE

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

SIGNATURE

941-542-7666

☐ Change

Change

☐ Change

Addition

☐ Addition

☐ Addition

FILED

Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90056 038 ***150.00