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Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90100 001 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S78641
1. Corporation Name
RNBF COMPANY

Principal Place of Business
2211 OKEECHOBEE ROAD
FORT PIERCE FL 34950-6552
Mailing Address
2211 OKEECHOBEE ROAD
FORT PIERCE FL 34950-6552



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21
2a. Mailing Address
26
Suite, Apt. #, etc.
22
City & State
23
Zip
Country
24
25
29
30

3. Date Incorporated or Qualified
09/05/1991
4. FEI Number
59-3087031
Applied For
Not Applicable
5. Certificate of Status Desired
\$8.75 Additional Fee Required
6. Election Campaign Financing
Trust Fund Contribution
\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.
Yes No

9. Name and Address of Current Registered Agent
POLACKWICH, ALAN S., SR.
2770 INDIAN RIVER BLVD.
SUITE 501
VERO BEACH FL 32960

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL
85 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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Table with 5 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, and a DELETED checkbox. Rows include PD SMITH, VERNON D; VD MCGRATH, LARRY; STD HENLEBEN, ROBERT; VP HAYES, RODNEY; VD CREAMER, JAMES E.

Table with 5 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, and a DELETED checkbox. Rows 11-14 for ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

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: ROBERT A HENLEBEN, DIRECTOR
2-25-99
466-1200 X2200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)