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Jan 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K58439** (6)

1. Corporation Name

TRIPLE "R" COMMERCIAL CONTRACTING, INC.

Principal Place of Business

679 3RD STREET S.
JACKSONVILLE BEACH FL 32250
US

Mailing Address

679 3RD STREET S.
JACKSONVILLE BEACH FL 32250
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/03/1989

4. FEI Number

59-2921664

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 **1079 Atlantic Blvd.**

Suite, Apt. #, etc.

22 **Suite 6**

City & State

23 **Atlantic Beach, FL**

Zip

24 **32233**

Country

25 **US**

2a. Mailing Address

26 **1079 Atlantic Blvd.**

Suite, Apt. #, etc.

27 **Suite 6**

City & State

28 **Atlantic Beach, FL**

Zip

29 **32233**

Country

30 **US**

9. Name and Address of Current Registered Agent

**RHODES, RUSSELL L.
1707 EVANS DR. SOUTH
JACKSONVILLE FL 32250**

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

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **RHODES, RUSSELL L.**
STREET ADDRESS **1707 EVANS DR. SOUTH**
CITY-ST-ZIP **JACKSONVILLE FL 32250**

TITLE **T** ☐ DELETE

NAME **RHODES, LYDIA A**
STREET ADDRESS **1707 EVANS DR S**
CITY-ST-ZIP **JACKSONVILLE BEACH FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

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TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 attachment with an address.

SIGNATURE:

Russell L. Rhodes **RUSSELL L. Rhodes** 1-10-98 904-247-5700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0040009

CR2E034 (10/97)