May 07, 1999 8:00 am Secretary of State

05-07-1999 90092 019 \*\*\*150.00

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**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 479856 1. Corporation Name

R. DAY, INC.

STREET ADDRESS

CITY-ST-ZIP

Principal Place of Business Mailing Address					) (#\$)(( B.B.) (#B)d (#(B) (e)e) airin min min		OI: 8:0: 140:
285 DEARBORN ENGLEWOOD FL 34223 US		285 DEARBORN ST. ENGLEWOOD FL 34223 US		DO NOT WRITE IN TH	IS SPACE		
03 00					3. Date Incorporated or Qualifed		
					06/30/1975		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	App	plied For
21		26			59-1604301	Not	Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 A	
		27			G. Continue of Status 2001/05	Fee Red	quired
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00	, ,
23		28		<del></del>	Trust Fund Contribution	Added to	) Fees
Zip	Country	Zip	Country	/	This corporation owes the current year I     Personal Property Tax.		□No
24	9. Name and Address of Curren		30		10. Name and Address of New Registere		
·	5. Name and Address of Curren	it Kegistered Agent	81	Name 1			
Freedy, robert					LEVIN H ZEE		
3230 SOUTHGATE CIR.			82	Street Add	ress (P.O. Box Number is Not Acceptable)  Belocabe Teer.		
SARASOTA FL 34239			83				
			L	<u> </u>			\
			84	CityEN	iglewast Fl. F	85   Zip C	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the abov	e-named corr	nAdution submits this statement for the nurpose :	of changing its	registered
office or r	egistered agent or both, in the State m familiar with and accept the obliga	of Florida. Such change was au	ithorized by	/ the corporati	ion's board of directors. I hereby accept the app	ointment as reg	jistered ,
	in familial with and accept the oblige	Dis bi, dection cor.cocc, rion	ngg Olatatot	••	4/30/0	56	
SIGNATURE	Signature, typed or printed name of registered age	and title if applicable. (NOTE:	Registered Age	nt signature require	ed when reinstating) DATE	<u></u>	
12.	OFFICERS AN	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	VD	☐ DELETE	1.1 TITLE			☐ Change	Addition
NAME	ZENESKY, JANET MAE		1.2 NAME				
STREET ADDRESS	5165 SANDY COVE AVE		1.3 STREE	T ADDRESS			
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-5	3T-ZiP		[] Ob	☐ Addition
TITLE	T	☐ DELETE	2.1 TITLE			Change	Addition
NAME	ZEE, KEVIN R		2.2 NAME				,
STREET ADDRESS	9251 BELGRADE		2.3 STREE	TADDRESS			_
CITY-ST-ZIP	ENGLEWOOD FL 34223		2. 4 CITY-			Change	Addition
TITLE		☐ DELETE	3.1 TITLE	1	res. Demis	Change	P / Addition
NAME			3.2 NAME	1 .	ollean Donnes		
STREET ADDRESS					ENALOGICA FL 34223		
CITY-ST-ZIP		☐ DELETE	3,4, CITY-	ST-ZIP	ENGLEWOOD H. 34223	Change	Addition
TITLE		€ DEFE	4,1 TITLE				
NAME			4. 2 NAME				
STREET ADDRESS				ET ADDRESS			
C/TY-ST-ZIP		☐ DELETE	4.4 CITY-S 5.1 TITLE			☐ Change	☐ Addition
TITLE			5.2 NAME				
NAME			1	ET ADDRESS			
STREET ADDRESS			5.4 C/TY-S				
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME		_	6.2 NAME				
TWITE			63 STREE	ET ADDRESS			

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:

6.4 CITY-ST-ZIP