FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **497638** **(7)**

1. Corporation Name
R & R MAINTENANCE, INC.

Principal Place of Business
6827 PHILLIPS PARKWAY DR. S
JACKSONVILLE FL 32256

Mailing Address
10620 PHILLIPS HIGHWAY
JACKSONVILLE FL 32256
US

3. Date Incorporated or Qualified: 02/27/1976
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21 11700 Phillips Highway
Suite, Apt. #, etc.
22
City & State
23 Jacksonville, Fla
Zip 24 32256 Country 25 USA

2a. Mailing Address
26 11700 Phillips Highway
Suite, Apt. #, etc.
27 Jacksonville,
City & State
28 Florida
Zip 29 32256 Country 30 USA

4. FEI Number: 59-1660644 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

REED, ROBERT I
6827 PHILLIPS PARKWAY, DRIVE SOUTH
JACKSONVILLE FL 32256

same agent, new address

10. Name and Address of New Registered Agent

81 Name: Reed, Robert I
82 Street Address (P.O. Box Number is Not Acceptable): 11700 Phillips Highway
83
84 City: Jacksonville FL 85 Zip Code: 32256

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 ____ NOTE: Registered Agent signature required when reinstating. DATE ____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	REED, ROBERT I, JR	1.2 NAME	
STREET ADDRESS	214 ST. JOHNS RV PL LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SWITZERLAND, FL 32043	1.4 CITY-ST-ZIP	
TITLE	SD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	REED, LINDA M	2.2 NAME	
STREET ADDRESS	214 ST. JOHNS RV PL LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SWITZERLAND, FL 32043	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Linda M. Reed LINDA M. REED SECRETARY 2/1/96 (904) 292-9100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)