FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1006

| | | 1330 | CO NE 19 | DIVIDION OF | CONTO | | /110 | | | |
|---|--|--------------------|------------------------|---|-----------|----------------|------------------|---|---|---------------------------------|
| DOCUMENT # 560649 (6) | | | | | | | | | | |
| R. R. CONTRACTING, INC. | | | | | | | | | | |
| | | | | | | | | I INDIAN ANNA BINY BANA ANNA ARAKA NA | R BOBU BARK RIBU BABU | ALAN RIPH HAN |
| <u> </u> | | | | · | | | | | | |
| Principal Place of Business Mailing Address | | | | | | | | | | |
| | 1941 E LEEWYNN DRIVE Sarasota Fl 34240 | | | 1941 E LEEWYNN DRIVE Sarasota fl 34240 | | | | | | |
| | | | | | | | | 3. Date Incorporated or Qualified 3 02/24/1978 | Date of Last Re 05/01/199 | |
| - | Principal Place of Business | | | 2a. Mailing Address | | | | 4, FEI Number | | Applied For |
| 21 | Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | 59-1798594 | · | Not Applicable |
| 22 | Suite, Apt. # | , Gio. | | 27 | | | | Certificate of Status Desired | | Additional Required |
| -==.1 | City & State | | | City & State | | | | 6. Election Campaign Financing _ | \$5.00 | May Be |
| 23 | | | | 28 | | | | Trust Fund Contribution | | to Fees |
| | Zip | | Country | Zip | Cour | | | 8. This corporation has liability for inta | | 199.032, |
| 24 | | o Name | and Address of Current | 29 Registered Agent | 30 | -T | | Florida Statutes Yes 10. Name and Address of New Regi | | |
| | | g. Haine | una Additas di Colleni | negistered Agent | | 81 | Name | 10. Haite and Address of New Neg | Stered Agent | |
| ROTHENBACH JR, ROBERT | | | | | | | | (0.0.0) | | |
| 1941 E. LEEWYNN DRIVE | | | | | | | Street Add | dress (P.O. Box Number is Not Acceptable) | | |
| Sarasota fl 34240 | | | | | | 83 | | | | |
| | | | | | | 84 | City | | 85 Zip | Code |
| | | | | | | 1 1 | • | | - P-L | |
| 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 it 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 register familiar with, and accept the obligations of Section 607.0505, Florida Statutes. | | | | | | | | | se of changing its rement as registered | egistered office agent. I am |
| | familiar with, and accept the obligations of Section 607.0505, Florida Statutes. | | | | | | | 1/10 | 01 | ago mi ram |
| SIGNATURE Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered) | | | | | | | Signature recour | red when reinstating) | DATE | |
| 12 | | og. 1. oc., 1,1 00 | OFFICERS AND | ·¥ | 13. | | SG-ROF FEGIN | ADDITIONS/CHANGES TO OFFICE | | RS IN 12 |
| 111 | LΕ | PD | | ☐ DELETE | 1.1 | 1. 1 TITLE | | | ☐ Change | Addition |
| NA | Mf | | NBACH JR, ROBERT | | 1.21 | NAME | | | | |
| STI | REET ADDRESS | | . LEEWYNN DR. | | 13: | STREET. | ADDRESS | | | |
| | IY-ST ZIP | D | OTA FL | Dritt. | | CITY-ST | - ZIP | | | |
| TIT MA | ME | _ | NBACH, ANNE | ☐ DEFFLE | | TITLE | | | ☐ Change | Addition |
| | REET ADORESS | | LEEWYNN DR. | | | NAME | ADDRESS | | | |
| ì | 1Y-S1-2IP | | OTA FL | | | DITY-SI | | | | |
| TII | | VPD | | ☐ DELETE | 3 1 TITLE | | | | ☐ Change | Addition |
| NA | ME | | | | 3 2 NAME | | | | | |
| \$11 | REET ADDRESS | 512 HC | OUSE AVE | | 3 3. | STREET | ADDRESS | | | |
| | IY-\$T-ZIP | SARAS | UIA FL | Fig Deveze | _ | CHY-SI | -ZIP | | F-1 A | |
| TIT | ME LE | | | DELETE | | TITLE | | | Change | Addition |
| | ME RELT ADDRESS | | | | | NAME STREET | ADDRESS | | | |
| | IY-ST-ZIP | | | | | DITY - ST | | | | |
| 101 | | | | DELETE | | TITLE | | | Change | ☐ Addition |
| NA | ME | | | | i i | NAME | | | | _ |
| Sil | REET ADDRESS | | | | 533 | STREET | ADDRESS | | | |
| | !Y-SI-ZIP | | | 1 - W PT | 541 | DITY - ST | - ZIP | | | |
| 10 | | | | DELETE | ı ı | TITLE | | | Change | ☐ Addition |
| | ME | | | | | NAME | | | | |
| | REET ADDRESS | | | | | | ADDRESS | | | |
| CIT | Y-ST-ZIP | | | | 641 | DITY-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 cath; 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 it changed or open attachment with an address.

SIGNATURE:

| SIGNATURE | SIGNATURE | SIGNATURE AND TYPED OR PRINTED MARCH OFFICER OR DIRECTOR

| Description | Descri