

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 575120

1. Corporation Name

RIMBEY, HOWELL AND RIMBEY, INC.

Principal Place of Business

~~222 BULLARD PKWY~~
P O BOX 16189
TAMPA FL 33617-5512

Mailing Address

~~222 BULLARD PKWY~~
P O BOX 16189
TAMPA FL 33617-5512

FILED
Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90078 024 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/01/1978

4. FEI Number

59-1824227

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 9385 56th St. N.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

205

27 City & State

23 Temple Terrace, FL

28 City & State

24 Zip Country

33617 USA

29 Zip Country

30

9. Name and Address of Current Registered Agent

HOWELL, PAUL N.
~~222 BULLARD PKWY~~
322 SUNNYSIDE RD
TEMPLE TERRACE FL 33617

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

9385 56th St. N #205

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 VSD
NAME RIMBEY, BRAD W
STREET ADDRESS 6119 E 112TH AVE
CITY-ST-ZIP TEMPLE TERRACE FL

☐ DELETE

TITLE PCD
NAME HOWELL, PAUL N.
STREET ADDRESS 322 SUNNYSIDE ROAD
CITY-ST-ZIP TEMPLE TERRACE FL

☐ DELETE

TITLE VTD
NAME CLARK, JAMES N.
STREET ADDRESS 6407 113TH AVE.
CITY-ST-ZIP TEMPLE TERRACE FL

☐ DELETE

TITLE VD
NAME SCULL, WILLIAM L
STREET ADDRESS 18246 CLEARLAKE DR
CITY-ST-ZIP LUTZ FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/99 813/988-1021 x12
Date Daytime Phone #

CR2E034 (1/98)