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 # 605106 1. Corporation Name

RICHARD S. RHODES, P.A.

Principal Place of Business

Mailing Address

FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90070 012 ***150.00



| ORLANDO FL | 32801 | 126 EAST JEFFERSON STREET ORLANDO FL 32801 | | | | | | | | | | |
|------------------------------|--|---|--------------|-------------------|----------------------|--|--|-------------|--|------------|--------------------|--|
| | | | | | | 3 | DO NOT WE 3. Date Incorporated or Qualife | | 3 SPAC | Œ | | |
| 2 Principal F | Place of Business | 2a. Mailing Address | | | | +. | 04/08/1974 | | | | | |
| | ade of Eddiness | — · | | | | 4 | FO 4545040 | | | - | pplied For | |
| Suite, Apt. | # 010 | 26 | | | | - | <u>59-1515349</u> | | | | ot Applicable | |
| 22 | | Suite, Apt. #, etc. | | | | 5. | 5. Certifcate of Status Desired | | | | Additional equired | |
| City & State City & State 23 | | | | | | 6. | Election Campaign Financing Trust Fund Contribution | | \$5.00 May Be Added to Fees | | | |
| Zip 24 | Country 25 | Zip 29 | ¬ ' | | | | This corporation owes the current year Intangible Personal Property Tax. | | | | | |
| | 9. Name and Address of Curren | | <u> </u> | | | 10. |). Name and Address of New | Registered | | | | |
| 5116 | NDTO 1 11 10 | | | 81 | Name | | | | | | | |
| RHODES, LINDA S. | | | | | | ddress (P.O. Box Number is Not Acceptable) | | | | | | |
| 126 EAST JEFFERSON STREET | | | | 82 Street Address | | | P.O. Box Number is Not Accep | able) | | | | |
| ORL | ANDO FL 32801 | | ŀ | 83 | | | | | | | | |
| | | | | _ | | | | | | | | |
| | | | | 84 | City | | ··· | FL | 85 | Zip | Code | |
| 11. Pursuant | to the provisions of Sections 607.0502 | 2 and 607 1508 Florida Statute | s the ah | | -named corno | ratio | on submits this statement for the | | <u>- </u> | les es lás | | |
| Gilloe Oi I | egistered agent, or both, in the State (| or Fiorida. Such change was au | thorized | DV 1 | the corporation | n's b | poard of directors. I hereby acce | pt the appo | intment | ing Rs | gistered | |
| | m familiar with, and accept the obligat | ions of, Section 607.0505, Flori | da Statu | tes. | | | | | | | | |
| SIGNATURE | Signature, typed or printed name of registered agent | and title if applicable /NOTE- I | Panistared (| cont | t signature required | uton i | roins (attinus) | DATE | | | | |
| 12. | OFFICERS AND | | 13, | | - agriature required | | ADDITIONS/CHANGES TO OF | | חום חום | ECT | NDC IN 42 | |
| TITLE | PD | ☐ DELETE | 1.1 TITL | E | | | ADDITIONO/OHANGES TO OF | TICENO AI | □ Ch | | Addition | |
| NAME | RHODES, (RICHARD S.) | | 1.2 NAM | | | | | | □ • | .u.igu | ☐ / (ddiao) | |
| STREET ADDRESS | 126 E. JEFFERSON STREET | | | _ | ADDRESS | | | | | | | |
| CITY-ST-ZIP | ORLANDO FL | | | | J | | | | | | | |
| TITLE | D | ☐ DELETE | 1.4 CIT | | -219 | | , <u>, , , , , , , , , , , , , , , , , , </u> | | ☐ Ch | | ☐ Addition | |
| NAME | RHODES, LINDA S. | | 2.2 NAM | | | | | | | ange | | |
| STREET ADDRESS | 126 E. JEFFERSON STREET | | | | | | | | | | | |
| CITY-ST-ZIP | ORLANDO FL | | 1 | | ADDRESS | _ | | _ | | | | |
| TITLE | D | ☐ DELETE | 2.4 CIT | | -ZIP | | | | | | | |
| NAME | RHODES, (JOHN H. JR.) | - Prefit | 3.1 TITL | | | | | | Ch: | ange | ☐ Addition | |
| STREET ADDRESS | 126 E. JEFFERSON STREET | | 3.2 NAM | | | | | | | | | |
| CITY-ST-ZIP | ORLANDO FL | | | | ADDRESS | | | | | | | |
| TITLE | ONDAINDO 1 E | ☐ DELETE | 3.4. CIT | | -ZIP | | | | | | = | |
| NAME | | □ VELETE | 4.1 TITL | | | | | | ☐ Cha | ange | ☐ Addition | |
| | | | 4. 2 NAM | | | | | | | | | |
| STREET ADDRESS | | | 4 | | ADDRESS | | | | | | | |
| CITY-ST-ZIP TITLE | | □ prices | 4.4 CITY | _ | ZIP | | | | | | | |
| I | | ☐ DELETÉ | 5.1 TITLI | | | | | | ☐ Cha | апде | ☐ Addition | |
| NAME | | | 5.2 NAM | | | | | | | | | |
| STREET ADDRESS | | | | | ADDRESS | | | | | | | |
| CITY-ST-ZIP | | P-1 | 5.4 CITY | | ZIP | | Tr. b | | | | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | | | | | Cha | ange | Addition | |
| NAME | | | 6.2 NAM | | | | | | | | | |
| STREET ADDRESS | | | 6.3 STRE | ETA | NODRESS | | | | | ٠ | | |

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:

CITY-ST-ZIP

Daytime Phone #