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

Mailing Address

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90009 025 \*\*\*150.00

## DOCUMENT # 654689

1. Corporation Name

Principal Place of Business

RSB OF SOUTHWEST FLORIDA, INC.

21550 RIVER RANCE RD ESTERO FL 33928 US 21550 RIVER RANCH RD ESTERO FL 33928 US					DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed  02/04/1980			
Principal Place of Business     2a. Mailing Address					4. FEI Number Applied Fo	or		
21		26			<b>59-1975564</b> Not Applica			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional Fee Required	ai		
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees	'		
Zip 24	Country         Zip         Country           25         29         30				8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No			
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
				81 Name				
BARBER, ROBERT S 21550 RIVER RANCH RD			82	Street	Address (P.O. Box Number is Not Acceptable)			
ESTERO FL 33928			83			ļ		
			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			t signature n	equired when reinstating) DATE			
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1			
TITLE	PD PARTY A	☐ DELETE	1.1 TITLE	l	i Cuande Civa	UIUUII		
NAME	BARBER, ROBERT S		1.2 NAME			1		
STREET ADDRESS	21550 RIVER RANCH RD		1.3 STREET					
CITY-ST-ZIP	ESTERO FL	☐ DELETE	1.4 CITY- \$	r-ZIP	☐ Change ☐ Ad	dition		
TITLE	STV		2.1 TITLE					
NAME	BARBER, SANDRA K		2.2 NAME 2.3 STREET	ADDRESS		{		
STREET ADDRESS	21550 RIVER RANCH RD ESTERO FL		2.4 CITY-S			}		
CITY-ST-ZIP	ESTERO FL	☐ DELETE	3.1 TITLE	1-21-	_ Change ☐ Ad	dition		
NAME		<del>-</del> -	3.2 NAME			}		
STREET ADDRESS			3.3 STREET	ADDRESS				
CITY-ST-ZIP			3.4. CITY-S		· _ ·	}		
TITLE		☐ DELETE	4,1 TITLE		☐ Change ☐ Ad	dition		
NAME			4, 2 NAME	}		1		
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP			4.4 CITY-S	-ZIP				
TITLE		☐ DELETE	5.1 TITLE	. ]	☐ Change ☐ Ad	dition		
NAME			5.2 NAME	Ì		ĺ		
STREET ADDRESS		•	5.3 STREET					
CITY-ST-ZIP			5.4 CITY-ST	-ZIP				
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Add	dition		
NAME			6.2 NAME	-				
STREET ADDRESS	•		6.3 STREET	J				
CITY-ST-ZIP			6.4 CITY-ST	-ZIP [				

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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: