

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

FILED
Apr 05, 1999 8:00 am
Secretary of State

04-05-1999 90028 022 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
 1999



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

DOCUMENT # **665275**

1. Corporation Name
R & P CO., INC.



Principal Place of Business
 2406 HARPER STREET
 JACKSONVILLE FL 32204

Mailing Address
 2406 HARPER STREET
 JACKSONVILLE FL 32204

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/21/1980

4. FEI Number **59-1988033** 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
 Trust Fund Contribution

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 **7014 AC SKINNER PKWY**
 Suite, Apt. #, etc.

22 **SUITE 290**
 City & State

23 **JACKSONVILLE FL**
 Zip Country

24 **32256** 25 **USA**

2a. Mailing Address
 26 **7014 AC SKINNER PKWY**
 Suite, Apt. #, etc.

27 **SUITE 290**
 City & State

28 **JACKSONVILLE FL**
 Zip Country

29 **32256** 30 **USA**

9. Name and Address of Current Registered Agent
BOONE ARTHUR T.
1221 KING STREET
JACKSONVILLE FL 32204

10. Name and Address of New Registered Agent

81 Name
BRIAN M. GABREE

82 Street Address (P.O. Box Number is Not Acceptable)
7014 AC SKINNER PKWY

83 **SUITE 290**

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 *Brian M. Gabree* **BRIAN M. GABREE** 3/31/99
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	PD	<input type="checkbox"/> DELETE
NAME	RAY, J.G., JR	
STREET ADDRESS	2406 HARPER STREET	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	SEC	<input type="checkbox"/> DELETE
NAME	GABREE, BRAIN M.	
STREET ADDRESS	2406 HARPER ST.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Brian M. Gabree* **BRIAN M. GABREE** 3/31/99 (904) 246-2882
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

005226/3
 CR2E034 (11/98)