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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # F53317

1. Corporation Name
R.O. PRIEST, INC.

Principal Place of Business

**C/O R.O. PRIEST
506 NE 5TH AVE
DELRAY BCH. FL 33483-5300
US**

Mailing Address

**C/O R.O. PRIEST
506 NE 5TH AVE
DELRAY BCH. FL 33483
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

11/09/1981

4. FEI Number

59-2221012

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

9. Name and Address of Current Registered Agent

**PRIEST, R.O.
814 E. ATLANTIC AVE.
DELRAY BCH. FL 33444**

10. Name and Address of New Registered Agent

81 Name

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

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 **R.O. PRIEST** *R.O. Priest* **President**

3-12-99

12. OFFICERS AND DIRECTORS

NAME ☐ DELETE

STREET ADDRESS
**SP
PRIEST, R. O
506 NE 5TH AVE
DELRAY BCH FL**

CITY-ST-ZIP
**VP
PRIEST, CAROL
13487 BARWICK RD.
DELRAY BEACH FL**

NAME ☐ DELETE

STREET ADDRESS
**T
MAYS, CAROL J.
10694 DENOEU RD.
BOYNTON BCH. FL**

CITY-ST-ZIP
☐ DELETE

NAME ☐ DELETE

STREET ADDRESS
☐ DELETE

CITY-ST-ZIP
☐ DELETE

NAME ☐ DELETE

STREET ADDRESS
☐ DELETE

CITY-ST-ZIP
☐ DELETE

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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: **R.O. Priest** *R.O. Priest*

CR2E034 (11/98)