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PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # H25094



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## FILED Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90039 004 \*\*\*150.00

R & N INVESTMENTS, INC. Mailing Address Principal Place of Business PO BOX ONE 606 BALD EAGLE DR., SUITE 500 MARCO ISLAND FL 33937-MARCO ISLAND FL-33969 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 10/11/1984 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 59-2493187 Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired П Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Country 8. This corporation owes the current year Intangible Country 3414630 □No Personal Property Tax. 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent WOODWARD, CRAIG R. Street Address (P.O. Box Number is Not Acceptable) 606 BALD EAGLE DR., SUITE 500 ISLAND TOWER BLDG 83 MARCO ISLAND FE 389 34145 Zip Code 84 City 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 register 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. ing its registered Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) CR2E034 (11/98 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13 12. ☐ Addition Change DELETE 1.1 TITLE TITLE RAMAGE, DAVID A. 12 NAME NAME 2423 OLSON DR 1.3 STREET ADDRESS STREET ADDRESS **GRAND FORKS ND** 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE RAMAGE, TROY G. 2.2 NAME NAME 2200 LIBRARY CIRCLE 2.3 STREET ADDRESS STREET ADDRESS **GRAND FORKS ND** 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change DELETE 3.1 TITLE ग्रा∟E NAME RAMAGE, TODD, D 3.2 NAME 3.3 STREET ADDRESS 2200 LIBRARY CIRCLE STREET ADDRESS **GRAND FORKS ND** 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change □ DELETE 4.1 TITLE TITLE 4. 2 NAME RAMAGE, JOYCE NAME 4.3 STREET ADDRESS 2200 LIBRARY CIR. STREET ADDRESS **GRAND FORKS ND** 4.4 CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition 6.1 TITLE ☐ DELETE TITLE 62 NAME NAME 6.3 STREET ADDRESS 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:

GIGNATURE AND TYPED OR PRINTED NAME OF SIGNAL OFFICER OR DIRECTOR

4-5-99 (701)772-7191
Date Phone #