

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortnam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H30261** (2)

1. Corporation Name

R & R CURBING, INC.



Principal Place of Business

**39 FLAMINGO DR.
PALM COAST FL 32137**

Mailing Address

**39 FLAMINGO DR.
PALM COAST FL 32137**

3. Date Incorporated or Qualified
11/13/1984

3a. Date of Last Report
09/18/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

4. FEI Number

59-2473238

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RHODES, DONALD W.
39 FLAMINGO DR.
PALM COAST FL 32137**

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

Signature of authorized person acting as agent and the filer.

(NOTE: Registered Agent Signature required when registering.)

DATE

12. OFFICERS AND DIRECTORS

1 NAME ☐ DELETE
P RHODUS, DONALD W.
2 STREET ADDRESS
39 FLAMINGO DR.
3 CITY, ST, ZIP
PALM COAST FL 32137

4 NAME ☐ DELETE

5 NAME ☐ DELETE

6 NAME ☐ DELETE

7 NAME ☐ DELETE

8 NAME ☐ DELETE

9 NAME ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 NAME ☐ Change ☐ Addition

2 NAME

3 STREET ADDRESS

4 CITY, ST, ZIP

5 NAME ☐ Change ☐ Addition

6 NAME

7 STREET ADDRESS

8 CITY, ST, ZIP

9 NAME ☐ Change ☐ Addition

10 NAME

11 STREET ADDRESS

12 CITY, ST, ZIP

13 NAME ☐ Change ☐ Addition

14 NAME

15 STREET ADDRESS

16 CITY, ST, ZIP

17 NAME ☐ Change ☐ Addition

18 NAME

19 STREET ADDRESS

20 CITY, ST, ZIP

21 NAME ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

25 NAME ☐ Change ☐ Addition

26 NAME

27 STREET ADDRESS

28 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 Book 12 or Book 16 if changed, or on an attachment with an address.

SIGNATURE

Donald W. Rhodes PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/96
Date

(904) 445-1688
Daytime Phone #

CR2E034 (12/95)