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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90134 003 ***150.00

DOCUMENT # H52996 1. Corporation Name

R & S INDUSTRIAL SERVICE CO.

Principal Place of Business ** RUSSELL SCARLOTT 1854 KIM ACRES LANE DOVER FL 33527	Mailing Address % RUSSELL SCARLOTT 1854 KIM ACRES LANE DOVER FL 33527		DO NOT WRITE IN THE 3. Date Incorporated or Qualifed 04/19/1985	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number 59-2529074	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip	Country	This corporation owes the current year leading Personal Property Tax.	ntangible ·□ Yes □ No
9. Name and Address of Currer	29 30	<u> </u>	10. Name and Address of New Registered	
SCARLOTT, RUSSELL 1854 KIM ACRES LANE DOVER FL 33527 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, office or registered agent, or both, in the State of Florida. Such change was auth agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida		83 84 City the above-named corporation or the corporation of the corp	Foration submits this statement for the purpose on's board of directors. I hereby accept the appropriate the purpose of the pu	of changing its registered
SIGNATURE Signature, typed or printed name of registered age:	nt and title if applicable. (NOTE: Re	egistered Agent signature required	when reinstating) DATE	 _ }
·-·	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
SCARLOTT, RUSSELL 1854 KIM ACRES LANE DOVER FL	DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	·	☐ Change ☐ Addition
ADORESS	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2. 4 CITY-ST: ZIP		Change Addition
- I ADDRESS	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS		Change Addition

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 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.

3.4. CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.1 TITLE 4 2 NAME 4,3 STREET ADDRESS

51 TITLE 5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

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