


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

FILED
Mar 26, 1999 8:00 am
Secretary of State

03-26-1999 90020 042 ***158.75

0538419

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # H63132

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

Principal Place of Business
4828 CHAPPERAL STREET
CRESTVIEW FL 32539
US

Mailing Address
4828 CHAPPERAL STREET
CRESTVIEW FL 32539
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/21/1985	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2168221	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

FYFE, DIANE, D
4828 CHAPPERAL STREET
CRESTVIEW FL 32539

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FYFE, DIANE D	1.2 NAME	
STREET ADDRESS	4828 CHAPPERAL STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	CRESTVIEW FL	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILCOX, NANCY	2.2 NAME	
STREET ADDRESS	26100 C.R. 46-A	2.3 STREET ADDRESS	33823 CARDINAL LANE
CITY-ST-ZIP	SORRENTO FL	2.4 CITY-ST-ZIP	EUSTIS, FLORIDA 32726
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNN, JOANNE	3.2 NAME	
STREET ADDRESS	3087 BRAELOCH CR. W	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNN, LEWIS	4.2 NAME	
STREET ADDRESS	3087 BRAELOCH CR W	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNN, CARLETON	5.2 NAME	
STREET ADDRESS	463 N GEORGES HILL ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTHBURY CT	5.4 CITY-ST-ZIP	
TITLE	DM <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FYFE, RICHARD T	6.2 NAME	
STREET ADDRESS	4828 CHAPPERAL STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	CRESTVIEW FL	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:

DIANE D. FYFE DIANE D. FYFE March 23, 1999 (850) 689-4700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)