

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **H81170** (3)

1. Corporation Name  
**R & L - FHC, INC.**



Principal Place of Business  
**1503 HAVENDALE BLVD.  
WINTER HAVEN FL 33881**

Mailing Address  
**1503 HAVENDALE BLVD.  
WINTER HAVEN FL 33881**

3. Date Incorporated or Qualified **10/16/1985** 3a. Date of Last Report **03/02/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	<b>59-2595276</b>	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
23	28		
Zip	Country		
24	25		
	29		
	30		

9. Name and Address of Current Registered Agent

**CAMERON, GEORGE R.  
1503 HAVENDALE BLVD.  
WINTER HAVEN FL 33880**

10. Name and Address of New Registered Agent

81. Name	<b>James T. Joiner</b>
82. Street Address (P.O. Box Number is Not Acceptable)	<b>190 Ave. A NW</b>
83.	
84. City	<b>Winter Haven</b>
FL	<b>85. Zip Code 33882</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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 607.0503, Florida Statutes.

SIGNATURE *James T. Joiner*

**4/9/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<b>President/Treasurer</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CAMERON, GEORGE R.</b>	1.2 NAME	<b>Kelly Eilers</b>
STREET ADDRESS	<b>1503 HAVENDALE BLVD.</b>	1.3 STREET ADDRESS	<b>1503 Havendale Blvd.</b>
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>	1.4 CITY-ST-ZIP	<b>Winter Haven, FL</b>
TITLE	<b>V</b>	2.1 TITLE	<b>Vice Pres./Sec.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALBAUGH, LOIS</b>	2.2 NAME	<b>Sandra Fritz</b>
STREET ADDRESS	<b>1503 HAVENDALE BLVD</b>	2.3 STREET ADDRESS	<b>1503 Havendale Blvd.</b>
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>	2.4 CITY-ST-ZIP	<b>Winter Haven, FL</b>
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Kelly Eilers*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-17-90**

9111-8941-8000

CR2E034 (12/95)