## 

## FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

44384 90024 - 22 DOCUMENT # 306883 1. Corporation Name

Country

9. Name and Address of Current Registered Agent

R.E.T., INC.

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Zip

Principal Place of Business

% REUBEN E. THOMPSON, JR. 15132 82ND TERR N. LAKE PARK FL 33418

Suite, Apt. #, etc.

City & State

2. Principal Place of Business

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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28

Zip

% REUBEN E. THOMPSON, JR. 15132 82ND TERR N. LAKE PARK FL 33418

## **FILED** Feb 09, 1999 8:00am **Secretary of State**

02-09-1999 90024 021 \*\*\*150.00



Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

ΖNο

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed 03/31/1986

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

4. FEI Number

59-2659426

THOMPSON, REUBEN E., JR. 15132 82ND TERRACE N. LAKE PARK FL 33418			81	Name	•		
			82	Street Address (P.O. Box Number is Not Acceptable)			
					S FF 1667 - MARCHAN	*** - 21915 2191	
, July	E TANK TE SOUTH		83				
	•		84	City		85 Zip (	Code
5 35 15				Ů	<u> </u>	.     `	
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 of 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); (NOTE: Registered Agent signature required when replication required when registered Agent signature required when required when replication required when required when r							
<b>12.</b>	D .	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AN	OD DIRECTO	Addition
NAME	THOMPSON, REUBEN E., JR.	O DELETE				□ Change	. Addison
	15132 82ND TERRACE N.		1.2 NAME				ļ
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	LAKE PARK FL		2.3 STREET		1		
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CITY-ST-ZIP	2 <sup>37-3</sup>		6.4 C/TY-ST	-ZIP			
44 I horobu s	portification this information according with this file	1 10 6 11					

Country

81 Name

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I nereby 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: