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Feb 21, 1999 8:00 am
Secretary of State

02-21-1999 90044 039 ***158.95

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J39409

1. Corporation Name
R & H ENTERPRISES, CARLA'S, THE BARN, INC.

Principal Place of Business

HWY 16 W
STARKE FL 32091
US

Mailing Address

PO BOX 296
STARKE FL 32091
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/27/1986

4. FEI Number

59-2720810

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 owes the current year Intangible

Personal Property Tax.

Yes

No

2. Principal Place of Business

21 SAME
Suite, Apt. #, etc.

2a. Mailing Address

26 RR 2 BOX 2113
Suite, Apt. #, etc.

22 City & State

23

Zip

Country

24

25

27 City & State

28 STARKE FLORIDA

Zip

29 32091

Country

30 BRADFORD

9. Name and Address of Current Registered Agent

CARLA L. HAWTHORNE
HWY 16 WEST, P.O. BOX 296
STARKE FL 32091

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

Carla L Hawthorne

(NOTE: Registered Agent signature required when reinstating)

January 12, 1998

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME HAWTHORNE, CARLA L.
STREET ADDRESS HWY 16 WEST, P.O. BOX 296 NA
CITY-ST-ZIP STARKE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

Carla L Hawthorne - owner

Date

1-12-98

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARLA L HAWTHORNE - OWNER

Date

904-961-3323

CR2E034 (11/98)