FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J62440** **(9)**

1. Corporate Name

R. & S. ENTERPRISES, OF CHARLOTTE COUNTY, INC.

Principal Place of Business
C/O ROBERT RONALD HARVANEK
19731 MIDWAY BLVD., N.W.
PORT CHARLOTTE FL 33948-6219

Mailing Address
C/O ROBERT RONALD HARVANEK
19731 MIDWAY BLVD., N.W.
PORT CHARLOTTE FL 33948-6219

DO NOT WRITE IN THIS SPACE

3. Date Incorporated (Created): 03/18/1987
3a. Date of Last Report: 06/03/1994

2. Principal Place of Business
21 1109 TAMIAMI TRAIL UNIT D
Suite, Apt. #, etc.
22 UNIT D
City & State
23 PORT CHARLOTTE, FLORIDA
Zip 24 33953 County 25 CHARLOTTE

2a. Mailing Address
26 P.O. BOX 2684
Suite, Apt. #, etc.
27
City & State
28 PORT CHARLOTTE, FLORIDA
Zip 29 33948-2684 County 30 CHARLOTTE

4. FEI Number: 59-2790359 — 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. Has corporation had liability for intangible tax under § 199.032 Florida Statutes? ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HARVANEK, ROBERT RONALD
19731 MIDWAY BLVD., N.W.
PORT CHARLOTTE FL 33949-2684

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 5657 FAIRWAY BLVD
83
84 City: NORTH PORT FL 85 Zip Code: 34287

11. Pursuant to the provisions of Section [illegible] Florida Statutes, the above named corporation submits the 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. Thereby, accept the appointment as registered agent. I am familiar with and accept the obligations of Section [illegible] Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HARVANEK, ROBERT RONALD
STREET ADDRESS	19731 MIDWAY BLVD., N.W.
CITY, ST, ZIP	PORT CHARLOTTE FL
TITLE	STD
NAME	HARVANEK, SHIRLEY FAY
STREET ADDRESS	19731 MIDWAY BLVD., N.W.
CITY, ST, ZIP	PORT CHARLOTTE FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 19[illegible]

TITLE		☒ Change ☐ Add
NAME		
STREET ADDRESS	5657 FAIRWAY BLVD	
CITY, ST, ZIP	NORTH PORT, FLORIDA 34287	
TITLE		☒ Change ☐ Add
NAME		
STREET ADDRESS	5657 FAIRWAY BLVD	
CITY, ST, ZIP	NORTH PORT, FLORIDA 34287	
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

14. I [illegible] that the information supplied with the filing is accurate, complete and clear on its face, for the purposes stated in Section [illegible] Florida Statutes. Further, I certify that the information indicated on the annual report or supplemental annual report is true and accurate and that the annual report shall bear the signature of a duly elected officer of the corporation or the person or persons authorized pursuant to the requirements of Section [illegible] Florida Statutes, and that my name appears above, or on an attached list, if more than one officer is authorized.

SIGNATURE: [illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-95 (813) 255-1903
DATE TELEPHONE

0335036 CP