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

PROFIT CORPORATION ANNUAL REPORT



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

1996
DOCUMENT #
1. Corporation Name

J90100

(5)

R & G	OF DELAND, INC.										
Principal Place o	of Business	Mailing Address				IA ODION NOME DEN	F 00 41 9 1031 9 10		41041 OFFIK 100)		
P.O.BOX 855	2702 NORTH HWY, 17 O BOX 855 ELAND FL 32720 Principal Place of Business 2a, Mailing Address 26 Suite, Apt. #, etc. 27 Oity & State Cory & State Cory & State 29 9, Name and Address of Current Registered Agent WILLIAM E. RIEDLEY 1800 SPRING GARDEN RANCH ROAD DELAND FL 32720 Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statut or registered agent, or both, in the State of Florida. Such change was authoriz familiar with, and accept the obligations of, Section 607,0505, Florida Statutes NATURE				1 =: '	= ' ' -			te of Last Report		
A D -1 -1 DV-	10			· · · · · · · · · · · · · · · · · · ·	09/01/1987 4. FEI Number		<u> </u>	5/22/199	Applied For		
2. Principal Plai :1	ce of Business	——————————————————————————————————————				59-2850920 Not App					
	. etc.	· · · 							Additional		
2		F1			5. Certificate of State	us Desired		+	Required		
City & State		City & State			6. Election Campaign	n Financing	<u></u>	\$5.00	May Be		
3					Trust Fund Contril				to Fees		
Zip 	·		Cou	intry	8. This corporation h			under s	199.032,		
4			30		Fiorida Statutes 10. Name and Addre		□ No	gent			
	g. Name and Address of Correll	r negistered Agent		81 Name	IQ. NEMIO BIIO ACCIO	999 OI 11040 II	- Gistered -	Acut			
1001 - 146	E DIEDLEY						<u> </u>				
					Address (P.O. Box Number is	Not Acceptab	xe)				
DELAND	FL 32720			83							
				84 City	, , , , , , , , , , , , , , , , , , ,		p= 1	85 Zip	Code		
				<u> </u>			<u>FL</u>	1 1	· · · · · · · · · · · · · · · · · · ·		
12.	OFFICERS AND DIRECTORS		13.		equired when reinstating): ADDITIONS/CHAN	NGES TO OFF		DIRECTO	RS IN 12		
THUE NAME	PTD	[] מנננונ	1 1 I				L	1 Charge	[] Addition		
STRUEL ADDRESS	RIEDLEY, WILLIAM L. 1600 SPRING GARDEN RANG	°µ ₽∩		FREET ADDRESS							
DITY ST ZIP	DELEON SPGS FL	on no.		ITY-SI-ZIP							
TLF	VPSD	☐ DELFTE	2 1 1					Change	Addition		
NAM:	RIEDLEY, ALICE L.		22 N	AME							
STREET ADDRESS	1400 JACOBS RD.		235	TREET ADDRESS							
aty-St-Zif	DELAND FL			TY - S1 - ZIP							
IILE	SD	[] DEFEIR	3 1 1				Ĺ] Change	Addition		
NAME CAMELY ASSOCIATION	RIEDLEY, ALICE		32 N								
STREET ACORESS	2702 NORTH HWY. 17 DELAND FL		1	TREET ADORESS 11Y+S1+ZIP							
DITY - ST- ZIP HTUE	PD	DELETE	4.11					Change	Addition		
NAME	RIEDLEY, WILLIAM E.		42 N	•			_				
STREET ADDRESS	2702 NORTH HWY. 17		- 1	TREET ADDRESS							
OFFY ST ZEP	DELAND FL		4 4 C	ITY-ST-ZIP							
li, f		☐ DELETE	5 1 7	ITLE				Change	■ Addition		
N4Mi			5 2 N	AME							
STREET ACCORESS				TREET ADORESS							
DRY-ST 7IP		[] DELETE		(TY - \$1 - 7(P				7 Change	☐ Addition		
HILE STANKE			6 1 1 6 2 N				L	Trumina	☐ AUUIIUII		
NAME CONTEXT ASSOCIATES				ant Treet address							
STREET ADDRESS CITY+ST ZIP				ITY-ST-7IP							
14. I do hereby	certify that the information supplied v	vith this filing is voluntarily fun	nished and	does not qui	alify for the exemption stated in	n Section 119	.07(3)(k), Flo	ida Statut	es. I further		
certify that oath; that I	the information indicated on this annu- am an officer or director of the corpo Block 12 or Block 13 if changed, or c	rali report or supplemental and ration or the receiver or truste	nual report se empowe	is true and a	courate and that my signature	shall have the	same legal i	effect as if	made under		

SIGNATURE:

GNATORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904-985-5267