

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

APPROVED
AND
FILED

98 DEC 17 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0102346

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # J97480 (4)
 1. Corporation Name
 R.M. COLLINS, INC.



DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|------------------------------------|--|-----------------|---|----|
| Principal Place of Business 632 W. JEFFERSON ST. BROOKSVILLE FL 34601 US | | Mailing Address P.O. BOX 5475 SPRING HILL FL 34606 US | | 3. Date Incorporated or Qualified 10/15/1987 | |
| 21 11150 LUWISTA LN. Suite, Apt. #, etc. | 22 BROOKSVILLE, FL City & State | 23 34601 Zip | 24 34611 Zip | 25 | 26 |
| 2. Principal Place of Business | | 2a. Mailing Address | | 4. FEI Number 59-2858390 | |
| 27 | | 27 | | Applied For Not Applicable | |
| 28 | | 28 | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 29 | | 29 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 30 | | 30 | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | |
|--|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent COLLINS, R.M. 632 W. JEFFERSON ST. BROOKSVILLE FL 34601 | | | | 10. Name and Address of New Registered Agent | |
| 81 Name | | | | 82 Street Address (P.O. Box Number is Not Acceptable) 11150 LUWISTA LN. | |
| 83 | | | | 84 City BROOKSVILLE FL | |
| | | | | 85 Zip Code 34601 | |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD COLLINS, R. M. 11150 LU WISTA LANE BROOKSVILLE FL <input type="checkbox"/> DELETE | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VMT COLLINS, GAIL 11150 LU WISTA LANE BROOKSVILLE FL <input type="checkbox"/> DELETE | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S ANTALIK, CHERYL 8153 DELAWARE ST. SPRING HILL FL <input type="checkbox"/> DELETE | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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.

SIGNATURE: *R.M. COLLINS* SIGNATURE REQUIRED 12/14/98 (352)848-0066

CR2E034 (5/98)

**St. Cert. Class "A" Contractor CG-CO 42197
St. Cert. Bldg. Inspector #BN0002226**



P.O. Box 5475, Spring Hill, Florida 34611-5475

November 5, 1998

Annual Reports Filings
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

RE: 1998 ANNUAL REPORT FOR R. M. COLLINS, INC. -- DOCUMENT #J97480

I am writing to respectfully request some financial relief on the filing of the Annual Report for the above corporation.

My request for an "exception to the rule" is based on the fact that my mother became ill with cancer during this year and my wife and I attended to her as caretakers. Because of that, the filing of the annual report was, unfortunately, neglected in the pile of papers that accumulated during our necessary absence. My mother has regrettably passed away and when trying to sort out our paperwork we came across the 1998 Annual Report Filing which did not get acted upon. I would like to request that I be allowed to file at the original fee of \$150. If that is not possible, is there a pro-rated fee that might be allowed?

As you can see, my Corporation has been in business for the last 11 years and I wish it to remain active with the State of Florida. Again, I respectfully request your consideration for some financial relief. I will await your reply.

Sincerely,

R. M. COLLINS, INC.

Ray Collins
President

CONSTRUCTION
INSPECTIONS CONSULTATION

Phone 352-848-0006 Fax 352-848-0007 Email rmcollin@atlantic.net