Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90118 034 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **K15873**

STREET ADDRESS

CITY-ST-ZIP

RF SITE	LEASING, INC.				 		11 6 11 516 11 1 54 1
	-						
Principal Place	e of Business	Mailing Address					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
502 SALLY LEE DRIVE 502 SALLY LEE DRIVE ELLENTON FL 34222 ELLENTON FL 34222					DO NOT WRITE IN THIS	SBACE	
US US						SPACE	
					3. Date Incorporated or Qualifed 02/23/1988		
Principal Place of Business 2a, Mailing Address					4. FEI Number	Ap	plied For
21					65-0107309		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A Fee Re	
		City & State	1 '		6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	
Zip	Country 25	Zip	Country	·	This corporation owes the current year In Personal Property Tax.	tangible	MNo .
24	9. Name and Address of Current		<u> </u>		10. Name and Address of New Registered	Agent	
	5. Name and Address of Current	registered regent	81	Name			
VOGLER, EDWARD, II 802 11TH ST W			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
BRADENTON FL 34205			83	<u> </u>			
·			84	City	FL FL	85 Zip (Code
		1 000 4500 51 14 01 1 1	<u> </u>				registered
office or s	egistered agent, or both, in the State of mailiar with, and accept the obligati	t Florida. Silich chande was alli	norizea ov	the comporation	oration submits this statement for the purpose o on's board of directors. I hereby accept the appo	intment as re	gistered
SIGNATURE					d when reinstation) DATE		
			_	nt signature required	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	DPS IN 12
12.	OFFICERS AND DIRECTORS DELETE		13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICERO A	Change	Addition
TITLE	TERRY, THOMAS R.		1.2 NAME			_ ,	
NAME	502 SALLY LEE DRIVE		1.3 STREET ADDRESS				
STREET ADDRESS	ELLENTON FL 34222		I				1
CITY-ST-ZIP	DELETE		1.4 CITY-ST-ZIP 2.1 TITLE			☐ Change	Addition
TITLE			2.2 NAME			_ •	ĺ
NAME				T ADDRESS	•		
STREET ADDRESS			2.4 CiTY-	•			
CITY-ST-ZIP TITLE	DELETE		3.1 TITLE	31-21		Change	Addition
NAMÉ	_ `		3.2 NAME			-	ł
· '				ET ADDRESS			
STREET ADDRESS			3.4. CITY-				
CITY-ST-ZIP TITLE	□ DELETE		4.1 TITLE	01-211		☐ Change	☐ Addition
NAME			4. 2 NAME		ay the second of		
STREET ADDRESS				T ADDRESS	• `		
CITY-ST-ZIP			4.4 CITY-				
TITLE			5.1 TITLE			☐ Change	Addition
NAME		_	5.2 NAME				
STREET ADORESS			5.3 STREE	T ADDRESS			
CITY-ST-ZIP		•	5.4 CITY-	ST-ZIP			
TITLE	DELETE 6.1		6.1 TITLE			☐ Change	Addition
NAME			6.2 NAME				

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: