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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # K59518

1. Corporation Name

Principal Place of Business

R & M OF CLAY, INC.

FILED Feb 13, 1999 8:00am **Secretary of State**

02-13-1999 90010 012 ***150.00



%RONALD MARSHALL 108 LUCINA LANE PONTE VEDRA BEACH FL 32082		%ronald Marshall 108 Lucina Lane Ponte Vedra Beach Fl 32082		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 01/19/1989			
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
		26		59-2926256	No	t Applicable	
Suite, Apt. #, etc. Suite, Apt. #					5. Certificate of Status Desired	\$8.75	Additional
22		27			5. Certificate of Status Desired	Fee Re	quired
City & Stat	e	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added t	to Fees
Zip	Country	Zip	Country		8. This corporation owes the current year		
24	25		30		Personal Property Tax.		□No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registe	red Agent	
	CHALL DOMALD		81	Name			
MARSHALL, RONALD				Street Add	iress (P.O. Box Number is Not Acceptable)		:
108 LUCINA LANE							2 · 2 · 2 · 2 · 2
PUN	ITE VEDRA BEACH FL 32082		83			ほんさ 閣様	
			84	City	* * * * * * * * * * * * * * * * * * * *		Code
office or r	to the provisions of Sections 607,050 registered agent, or both, in the State im familiar with, and accept the obligation of the state	of Florida. Such change was au ations of, Section 607.0505, Flori	ithorized by ida Statutes	the corporati	poration submits this statement for the purposion's board of directors. I hereby accept the a	ippointment as rec	registered gistered
12.	OFFICERS AT	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO	RS IN 12
TITLE	DP	☐ DELETE	1.1 TITLE		•	☐ Change	☐ Addition
NAME	MARSHALL, RONALD		1.2 NAME				
STREET ADDRESS	108 LUCINA LANE		1.3 STREET	ADDRESS			
CITY-ST-ZIP	PONTE VEDRA BEACH FL		1.4 CITY-S	T-ZIP			1
TITLE	DST	☐ DELETE	2.1 TITLE			Change	Addition
NAME	MARSHALL, MARILYN A.		2.2 NAME				
STREET ADDRESS	108 LUCINA LANE		2.3 STREET	ADDRESS		•	
CITY-ST-ZIP	PONTE VEDRA BEACH FL		2. 4 CITY-S	T-ZIP			
TITLE	DV	☐ DELETE	3.1 TITLE			Change	Addition
NAME	MARSHALL, MARILYN A.		3.2 NAME				
STREET ADDRESS			3.3 STREET	ADDRESS		4	
CITY-ST-ZIP	PONTE VERDA BCH FL		3.4. CITY-S	T-ZIP			-, -\ \ \
TITLE		DELETE	4.1 TITLE			Change :	■ Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CITY-S	r-ZIP			}
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition
NAME			5.2 NAME				j
STREET ADDRESS			5.3 STREET	ADDRESS			Ì
CITY-ST-ZIP			5.4 CITY-S	r-ZIP	•		
TITLE		☐ D£LETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME			•	1

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:

STREET ADDRESS

CITY-ST-ZIP