PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **K99098**

1. Corporation Name

R.H.F. MANAGEMENT INC.

Principal Place of Business Mailing Address						-	TTEL IEN BÜDN EI		Bil Bibli 1881	
408 SE AVENUI STE. 103 BELLE GLADE	EE	408 SE AVENUE E STE. 103 BELLE GALDE FL 33430			DO NOT WR	ITE IN THIS	SPACE			
DELLE GOODE	12 0000	US				3. Date Incorporated or Qualifed 06/29/1989	1			
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		App	lied For	
21	· ·	26				65-0134935			Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A		
City & Stat	e	City & State	City & State 228			Election Campaign Financing Trust Fund Contribution		\$5.00 A Added to		
Zip	Country 25	Zip 29 30	Counti	ry		8. This corporation owes the current year Intangible Personal Property Tax.				
24	9. Name and Address of Curren		<u> </u>			10. Name and Address of New	Registered /	Agent		
9. Name 81 Name										
TEETS, FRANK D 12669 WHITE CORAL DR				2 Street	Addre	ss (P.O. Box Number is Not Accept	able)			
	LINGTON FL 33414		8	3						
			8	1			FL			
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							DATE			
	Signature, typed or printed name of registered agen	nt and title if applicable. (NOTE: Re	13.	ent signature	requireo	when reinstating) ADDITIONS/CHANGES TO OF		D DIRECTO!	RS IN 12	
TITLE	PD	□ DELETE	1,1 TITLE		Τ	ADDITIONS OF FREE CO.	1702710711	Change	Addition	
NAME	TEETS, FRANK D		1.2 NAME	.						
STREET ADDRESS	12669 WHITE CORAL DR.		1.3 STRE	ET ADDRESS	<u>.</u>					
CITY-ST-ZIP	WELLINGTON FL		1.4 CITY-	ST-ZIP						
TITLE	VD	☐ DELETE	2.1 TITLE					☐ Change	☐ Addition	
NAME	TEETS, SUE C		2.2 NAME	Ē	1				ĺ	
STREET ADDRESS	12669 WHITE CORAL DR.		2.3 STRE	ET ADDRESS	3					
CITY-ST-ZIP	WELLINGTON FL		2, 4 CITY	-ST-ZIP						
TITLE	STD	☐ DELETE	3.1 TITLE		1			Change	☐ Addition	
NAME	TEETS, FRANK D, JR		3.2 NAME	Ē						
STREET ADDRESS	1384 PRIMROSE LANE		3.3 STRE	ET ADDRESS	3				i	
CITY-ST-ZIP	WLLINGTON FL		3.4. CITY	-ST-ZIP	ļ .	<u> </u>				
TITLE	VD .	☐ DELETÉ	4.1 TITLE					☐ Change	☐ Addition	
NAME	TEETS, JAMES CRAWFORD		4. 2 NAM	E						
STREET ADDRESS			4.3 STRE	ET ADDRESS	3					
CITY-ST-ZIP	WELLINGTON FL		4.4 CITY		1	·			□ Addition	
TITLE		☐ DELETÉ	5.1 TITLE		-			☐ Change	Addition	
NAME			5.2 NAME		.	•			ļ	
STREET ADDRESS	1		1	ET ADDRESS	'	,				
CITY-ST-ZIP			5.4 CITY-		 	·		☐ Change	Addition	
TITLE		DELETE	6.1 TITLE			•		□ criange	· 🗀 Addisolt	
NAMÉ	,		6.2 NAME		_					
STREET ADDRESS			6.3 STRE	ET ADDRESS	۱۰					

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. 561-

6.4 CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP.

996-8080

FILED Apr 22, 1999 8:00 am Secretary of State

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