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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M73569

1. Corporation Name

R & S SERVICES, INC.

Principal Place of Business Mailing Address						
C/O RALPH PAY 212 MOBILE PLACE BRANDON FL 33510		R & SERVICES INC P O BOX 651 BRANDON FL 33509			DO NOT WRITE IN THIS SPACE	
DRANDONTE		US			3. Date Incorporated or Qualifed 03/24/1988	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number Applied For	
21		26			59-2931466 Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		\$8.75 Additional Fae Required	
City & State	e	City & State			6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Zip Country		8. This corporation owes the current year Intangible Personal Property Tax. □ No	
9. Name and Address of Current Registered Agent			<u> </u>	10. Name and Address of New Registered Agent		
PAY, RALPH 212 MOBILE PLACE BRANDON FL 33511				81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83		
				City	FL 85 Zip Code	
l office or r	to the provisions of Sections 607.05 egistered agent, or both, in the State im familiar with, and accept the oblig	e of Florida. Such change was aut	norized by	tne corpo	corporation submits this statement for the purpose of changing its registered pration's board of directors. I hereby accept the appointment as registered	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
12.			13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1,1 TITLE		. 🔀 Change 📋 Addition	
NAME	PAY, RALPH W.		1.2 NAME			
STREET ADDRESS 212 MOBILE PLACE 1.3S		1.3 STREE	TADDRESS	P.O. Box 651		
CITY-ST-ZIP	T-ZIP BRANDON FL 1.49		1.4 CITY-S	T-ZIP	BRANDON FI 33509-0651	
TITLE	VT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition	
NAME	PAY, SANDRA J.		2.2 NAME			
STREET ADDRESS	-4- MODUE DI 405		2.3 STREE	T ADDRESS	P.O. Box 651	

2.4 CITY-8T-ZIP.

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY+ST-ZIP

4.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME 3.3 STREET ADDRESS

4,1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

62 NAME

☐ DELETE

DELETE

☐ DELETE

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6.4 CITY-ST-ZIP CITY-ST-ZIP 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 suppliemental 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 of the receiver or trustee employeered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chang

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

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TITLE NAME BRANDON:FL==

FILED Apr 14, 1999 8:00 am Secretary of State

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