

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

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

02-22-1999 90052 038 ***150.00

DOCUMENT # M91758

1. Corporation Name

RFO ENTERPRISES, INC.

Principal Place of Business

3028 NORTH BARTON CREEK CIRCLE
LECANTO FL 34461
US

Mailing Address

3028 NORTH BARTON CREEK CIRCLE
LECANTO FL 34461
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/29/1988

4. FEI Number

65-0063513

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

JOHNSON, MARGARET M.
4 WYCLIFF ROAD
PALM BEACH GARDENS FL 33418

10. Name and Address of New Registered Agent

81 Name

JOHNSON, MARGARET M.

82 Street Address (P.O. Box Number is Not Acceptable)

3028 NORTH BARTON CREEK CIRCLE

83

84 City

LECANTO

FL

85 Zip Code

34461

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 *Margaret M. Johnson* Margaret M. Johnson

1/7/99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE
NAME JOHNSON, ALAN
STREET ADDRESS 4 WYCLIFF ROAD
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

TITLE ☒ DELETE
NAME JOHNSON, MARGARET M
STREET ADDRESS 4 WYCLIFF ROAD
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☒ Addition
1.2 NAME JOHNSON, ALAN
1.3 STREET ADDRESS 3028 NORTH BARTON CREEK CIRCLE
1.4 CITY-ST-ZIP LECANTO, FL 34461

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME JOHNSON, MARGARET M.
2.3 STREET ADDRESS 3028 NORTH BARTON CREEK CIRCLE
2.4 CITY-ST-ZIP LECANTO, FL 34461

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 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.

SIGNATURE: *Alan H. Johnson* Alan H. Johnson

1/7/99

Date

(352) 527-2062

Daytime Phone #

CR2E034 (1/98)

0489183