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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

M95975

(2)

DOCUMENT # R & H TELEPHONE CONTRACTORS.INC.

FILED Feb 06 1998 8:00am Secretary of State



								AGE 110E) 181	
Principal Place of Business Mailing Address						W W W W W W W W W W W W W W W W W W W	*** \$1811 \$1817 814),, 0 , 0 , 1	
	, CLARK/P O BOX 549 CTION OF U.S. HWY 27 8 S.R. 47 32038	% BEVERLY L CLARK/P O BOX 549 N.E. INTERSECTION OF U.S. HWY 27 & S.R. 47 FT. WHITE FL 32038			ſ	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
11. 111112 12 02000									
					08/23/1988				
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		A	pplied For	
21		26			59-2907725	59-2907725		ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional	
22		27			Fee Required				
City & State		City & State			, ,	6. Election Campaign Financing \$5.00 May Be			
23 Zin	Country	28	Count	***	Trust Fund Contribution			to Fees	
Zip Country		Zip Country		ry	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.				
24		25 29 30 Name and Address of Current Registered Agent			Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent				
Cl	ARK, BEVERLY L.	Trogramma Again	8	1 Name		Tiogratoroo	Agoin		
	CORNER OF THE INTERSECTION	ON OF U.S. HW	_						
	7 AND STATE ROAD 47		82 Street /		Address (P.O. Box Number is Not Acceptable)				
	RT WHITE FL 32038		8	3					
.*			8	4 City		FI	85 Zip	Code	
office or reagent. I as	egistered agent, or both, in the State in familiar with, and accept the obligation of the control of the contro	of Ftorida. Such change was tions of, Section 607.0505, Ft K	authorized Iorida Statul	by the cor es.	d corporation submits this statement for the rporation's board of directors. I hereby ac	he purpose to ecept the ap	pointment as	ts registered registered	
	Signaturo typed or print unanio of registered agree OFFICERS AND			gent signatur	re required when reinstating)	DATE	ID DIDECTOI	DO 141 40	
12.	P OFFICERS AND	DELETE	13.		ADDITIONS/CHANGES TO OF	-FICERS AN	Change	Addition	
NAME	CLARK, HOWARD E.	occur	1.2 NAM				Change		
STREET ADDRESS	POBOX 549 N/A & WEll	o ST		t address					
CITY-ST-ZIP	FT. WHITE FL		1.5 STN						
TITLE	-VP	DELETE	2.1 1ITLE				Change	Addition	
NAME	CLARK, BEVERLY, L		2.2 NAM						
STREET ADDRESS	P O BOX 549 N/A & WE	11 5 T		T ADDRESS					
CITY-ST-ZIP	FT WHITE FL		2. 4 CITY		c =			4	
TALE	-81	DELEK	3.1 TITLE		CHRISTY L. MART	IN	Change	Addition	
NAME	CLARK, BEVERLY		3.2 NAM		0 0.80x 786 NJ	Mill ST	7		
STREET ADDRESS	P O BOX 549 N/A		3 3 S18E	ET ADDRESS					
CITY-ST-ZIP	FT WHITE FL		3.4. C(TY	- St - 7IP	FORT WHITE, FL	2203	8		
TITLE		DELETE	4 1 1HLE				Change	Addition	
NAME			4 2 NAM	[
STREET ADDRESS			4.3 STRE	T ADDRESS					
CITY-ST-ZIP			4.4 CITY						
TITLE		DELETE	5.1 TITLE				☐ Change	☐ Addition	
NAME			5.2 NAME						
STREET ADDRESS				FI ADDRESS					
CITY-ST-ZIP		DELETE	5.4 CITY		-		Chana	MAJES	
TITLE		Γ"I nrr€i r	6111111				Change	Addition	
NAME CARREST ADDRESS			62 NAMI						
STREET ADDRESS			6.3 STRE	LI ADDRESS	1				

14. I horeby 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.

CICNATURE.

1-8-98 904~497~4644