

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

DOCUMENT # M95975

1. Corporation Name

R & H TELEPHONE CONTRACTORS, INC.

Principal Place of Business

% BEVERLY L CLARK/P O BOX 549
N.E. INTERSECTION OF U.S. HWY 27 & S.R. 47
FT. WHITE FL 32038

Mailing Address

% BEVERLY L CLARK/P O BOX 549
N.E. INTERSECTION OF U.S. HWY 27 & S.R. 47
FT. WHITE FL 32038

FILED
Feb 11, 1999 8:00 am
Secretary of State

02-11-1999 90069 015 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/23/1988

4. FEI Number

59-2907725

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$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

CLARK, BEVERLY L.
83E CORNER OF THE INTERSECTION OF U S HW
Y 27 AND STATE ROAD 47
FORT WHITE FL 32038

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

Beverly L Clark

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating).

DATE

1-4-1999

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE ☐ DELETE

NAME P
STREET ADDRESS CLARK, HOWARD E.
CITY-ST-ZIP P.O. BOX 549 N/A - E WELL ST
FT. WHITE FL

TITLE ☐ DELETE

NAME VP
STREET ADDRESS CLARK, BEVERLY, L
CITY-ST-ZIP P.O. BOX 549 N/A - E WELL STREET
FT WHITE FL

TITLE ☐ DELETE

NAME ST
STREET ADDRESS MARTIN, CHRISTY L
CITY-ST-ZIP P.O. BOX 726 N/A - N MILL ST
FORT WHITE FL 32038

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

☐ Change

☐ Addition

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☐ Addition

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:

Beverly L Clark
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 4, 1999

Date

Daytime Phone #

CR2E034 (11/98)