

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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

03-11-1999 90048 038 ****61.25

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DOCUMENT # N10116

1. Corporation Name

RIGHT DIVISION, INC.

Principal Place of Business

% ROBERT C. BROCK.
6260 - 12TH ST., SOUTH
ST. PETERSBURG FL 33705

Mailing Address

% ROBERT C. BROCK.
6260 - 12TH ST., SOUTH
ST. PETERSBURG FL 33705



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

07/09/1985

4. FEI Number

59-2558688

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

9. Name and Address of Current Registered Agent

BROCK, ROBERT C.
6260 - 12TH STREET, SOUTH
ST. PETERSBURG FL 33705

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME BROCK, ROBERT C.
STREET ADDRESS 6260 12TH ST. S.
CITY-ST-ZIP ST. PETERSBURG FL

TITLE D ☐ DELETE

NAME BROCK, E. DOLORES
STREET ADDRESS 6260 12TH ST. S.
CITY-ST-ZIP ST. PETERSBURG FL

TITLE D ☐ DELETE

NAME SMITH, ORVILLE V.
STREET ADDRESS 2000 EAST BAY DR, LOT 3, PLANTATION DR
CITY-ST-ZIP LARGO FL

TITLE D ☐ DELETE

NAME YNTEMA, SUSAN D.
STREET ADDRESS 6675 W 24 CT, BLDG 5, APT 12
CITY-ST-ZIP HIALEAH FL

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
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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 YNTEMA, SUSAN D.
4.3 STREET ADDRESS 4811 SW 120 AVE.
4.4 CITY-ST-ZIP COOPER CITY, FL 33330-4437

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 617, 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:

Robert C. Brock RECR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-99
Date

(727) 867-7893
Daytime Phone #

CR2E037 (1/98)