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Feb 08, 1999 8:00am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N17139

1. Corporation Name

REBWIN ROAD MAINTENANCE, INC.

Principal Place of Business

C/O JAMES L. NIPPER
200 W. FORSYTH STREET SUITE C-6
JACKSONVILLE FL 32202

Mailing Address

C/O JAMES L. NIPPER
200 W. FORSYTH STREET SUITE C-6
JACKSONVILLE FL 32202



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	10/07/1986
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	NOT APPLICABLE
24 Country	29 Country	Applied For
	30	Not Applicable
9. Name and Address of Current Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
NIPPER, JAMES L. 200 W. FORSYTH STREET, SUITE C-6 JACKSONVILLE FL 32202		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
		Trust Fund Contribution <input type="checkbox"/>

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
NIPPER, JAMES L. 200 W. FORSYTH STREET, SUITE C-6 JACKSONVILLE FL 32202		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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD	1.1 TITLE	
NAME	NIPPER, JAMES L.	1.2 NAME	
STREET ADDRESS	1818 THE WOODS DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32246	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	
NAME	NIPPER, CHERY LYNN	2.2 NAME	
STREET ADDRESS	1818 THE WOODS DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32246	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	SCHWEY, POLLY	3.2 NAME	
STREET ADDRESS	1590 5TH AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL 32960	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-18-99 (904) 354-7378

CR2E037 (11/98)