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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N47646

1. Corporation Name

SOUTHEAST CHAPTER, R&LHS, INC.

Principal Place of Business

2885 CIRCLE RIDGE DR
 ORANGE PARK FL 32065
 US

Mailing Address

P. O. BOX 664
 JACKSONVILLE FL 32201-0664
 US



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

02/28/1992

4. FEI Number

59-3129097

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

SMITH, JAMES A.
 2885 CIRCLE RIDGE DR
 ORANGE PARK FL 32065

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 P DELETE
 NAME SMITH, JAMES A
 STREET ADDRESS 2885 CIRCLE RIDGE DR
 CITY-ST-ZIP ORANGE PARK FL

TITLE VP DELETE
 NAME HOWES, WILLIAM F JR.
 STREET ADDRESS 3454 CORMORANT COVE DR
 CITY-ST-ZIP JACKSONVILLE FL

TITLE T DELETE
 NAME WILK, JAMES H.
 STREET ADDRESS 2900 EMERSON EXPRESSWAY
 CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE SD DELETE
 NAME DEWEY, FRANK H
 STREET ADDRESS 4318 SPRINGMOOR DRIVE EAST
 CITY-ST-ZIP JACKSONVILLE FL

TITLE D DELETE
 NAME BENNETT, MARK
 STREET ADDRESS 10271 HEATHER GLEN DR.
 CITY-ST-ZIP JACKSONVILLE FL

TITLE D DELETE
 NAME YACHT, CLIFFORD VANDE
 STREET ADDRESS 2363 LOURDES DRIVE WEST
 CITY-ST-ZIP JACKSONVILLE FL 32210

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 SD
 4.3 STREET ADDRESS PAUL V. NEWTON
 4.4 CITY-ST-ZIP 3500 UNIVERSITY BLVD, #3303
 JACKSONVILLE, FL 32277

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 VANDER YACHT, CLIFFORD
 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: *James A. Smith* SIGNATURE REQUIRED JAMES A SMITH, FEB. 4, 1999 904-359-3137
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)