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

Mailing Address

HENDERSON KY 42419-0027

PO BOX 27

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P15346

MRRE, INC.

2214 US 41 N STE A

PO BOX 27

Principal Place of Business

HENDERSON KY 42419-0027

US	727/0 002/	•••					3. Date Incorporated or Qualifed			
••							07/24/1987			
2. Principal Pla	ace of Business	2a.	Mailing Address				4. FEI Number	A	pplied For	
21		26	*				65-0004573	N	ot Applicable	
Suite, Apt. #	#. etc.		Suite, Apt. #, etc.					8.75	Additional	
22		27					5. Certifcate of Status Desired	Fee R	equired	
City & State	3		City & State				6. Election Campaign Financing	\$5.00	May Be	
23		28					Trust Fund Contribution	Added	to Fees	
Zip	Country		Zip	Coun	itry		8. This corporation owes the current year Intang	ible		
24	25 29			30			Personal Property Tax.	Yes	□No	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
					81	Name				
ANDERSON, JACK					82 Street Address (P.O. Box Number is Not Acceptable)					
6962 VERDE WAY					Street Address (F.O. Box Mainber is Not Accopable)					
NAPL	ES FL 34108				83					
							1	- 7:-	0-4-	
					84	City	FL	5 Zip	Code	
11 Durguant t	o the provisions of Sections 607.05	02 and 60	7 1508, Florida Statute	s the ab	ove	-named	corneration submits this statement for the numose of cha	nging it	s registered	
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							required when reinstating) DATE			
	Signature, typed or printed name of registered ag			Registered /	Agent	signature n	required when reinstating) DATE  ADDITIONS/CHANGES TO OFFICERS AND I	DIRECT	ORS IN 12	
12.	OFFICERS A	ND DIREC	DELETE	1.1 TITL				Change	Addition	
TITLE	PD							,	_	
NAME	ANDERSON, JACK B.			1.2 NA						
STREET ADDRESS	6962 VERDE WAY					ADORESS				
CITY-ST-ZIP	NAPLES FL		El actere	1.4 CIT		-ZIP		Change	Addition	
TITLE	VD		☐ OELETE	2.1 TITI			_	Change		
NAME	FERRERI, THOMAS L.			2.2 NAJ	ME					
STREET ADORESS	PO DRAWER 659,NA			2.3 STF	REET	ADDRESS	·			
CITY-ST-ZIP	MADISONVILLE KY		<u> </u>	2. 4 CIT		r-ZIP		100000	☐ Addition	
TITLE	π		☐ DELETE	3.1 TITI			TD CARL P	Change	☐ Addition	
NAME	FRANCIS, CARL R.			3.2 NA	ME		FRANCIS, CARI R 1440 WH Negley Road			
STREET ADDRESS	17490 WH NEGLEY ROAD			3 3 STF	REET	ADDRESS	11990 Wit 145-115-1 Rocker			
CITY-ST-ZIP	HENDERSON KY			3.4. CII	TY-S	r-ZIP	Hendorson Ky 42420			
TITLE			☐ DELETE	4.1 ΤΙΤΙ	LE			] Change	☐ Addition	
NAME				4. 2 NA	ME					
STREET ADDRESS				4.3 STF	REET	ADDRESS	;[			
CITY-ST-ZIP				4.4 CIT	Y-ST	-ZIP				
TITLE			☐ DELETE	5.1 TIT	Œ			] Change	☐ Addition	
NAME				5.2 NA	ME					
STREET ADDRESS				5.3 ST	REET	ADDRESS	6			
CITY-ST-ZIP				5.4 CIT	Y-ST	-ZIP				
TITLE			☐ DELETE	6.1 TIT	LE			] Change	☐ Addition	
NAME				6.2 NA	ME					
STREET ADDRESS				6.3 STI	REET	ADDRESS				
CITY-ST-ZIP				6.4 CIT	Y-\$1	-ZIP				
14 I haraby o	ertify that the information supplied	with this fil	ling does not qualify for	the exer	npti	on stated	ed in Section 119.07(3)(i), Florida Statutes. I further certify	that the	information	
indicated officer or o	an this assural capact or cupplamos:	al annual eiver or tr	report is true and accur rustee empowered to ex	rate and xecute th	that is re	my sign port as	nature shall have the same legal effect as it made under c required by Chapter 607, Florida Statutes; and that my n	aın: ına	tiam an	

SIGNATURE:

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90219 011 \*\*\*150.00

DO NOT WRITE IN THIS SPACE

CR2E034 (11/98)