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

Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90028 020 ***150.00

DOCLIMEN.	T #	DOGO	$\sim a$
DOCUMEN'	I ##	ヒンりと)4

 Corporation 	n Name						
R AND R	PUBLICATIONS, INC.						
					<u></u>]		
Principal Place	e of Business	Mailing Address					
8922 86TH ST. LIVE OAK FL 33	2060	8922 86TH ST. LIVE OAK FL 32060					
US	2000	US			DO NOT WRITE IN TH	IIS SPACE	
					3. Date Incorporated or Qualifed		
				_	09/26/1989		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Apr	olied For
21		26			59-2968342		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A	I
22		27				Fee Rec	
City & Stat	e	City & State			6. Election Campaign Financing	\$5.00	
23		28			Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Coul	ntry	8. This corporation owes the current year		No I
24	25		30		Personal Property Tax. 10. Name and Address of New Registere		₩
	9. Name and Address of Currer	nt Registered Agent		81 Name	10. Maria and Address of New Register	sa Agent	
ROB	erts, rockwell W.				<u> </u>		
	86TH ST.			82 Street Add	ress (P.O. Box Number is Not Acceptable)		
	OAK FL 32060			83			
	07401 12 02000		ļ				
				84 City	F	85 Zip C	ode
44 Pureuant	to the provisions of Sections 607 050	22 and 607 1508 Florida Statute	s the al	ove-named con	poration submits this statement for the purpose	of changing its	registered
	registered agent, or both, in the State im familiar with, and accept the obliga				ion's board of directors. I hereby accept the ap	pointment as reg	jistered ·
agent, i a	m ramiliar with, and accept the obliga	ations of, Section 607.0505, Flori	ua otati	ites.			
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: I	Registered	Agent signature requir	ed when reinstating) DATE		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	PD	☐ DELETE	1.1 TIT	LE .		Change	☐ Addition
NAME	ROBERTS, ROCKWELL W.		1.2 NA	ME			
STREET ADDRESS	8922 86TH ST.		1.3 \$1	REET ADDRESS			-
CITY-ST-ZIP	LIVE OAK FL		1.4 CIT	TY-ST-ZIP			
TITLE	VS	☐ DELETE	2.1 TI	LE .		Change	Addition
NAME	ROBERTS, ESMEALDA		2.2 NA	ME			
STREET ADDRESS	8922 86TH ST.		2.3 ST	REET ADDRESS			
CITY-ST-ZIP	LIVE OAK FL		2. 4 CF	TY-ST-ZIP	<u> </u>	<u> </u>	
TITLE	TD	☐ DELETE	3.1 TIT	LE		Change ~	☐ Addition
NAME	ROBERTS, ESMEALDA		3.2 NA	ME			
STREET ADDRESS	8922 86TH ST.		3.3 ST	REET ADDRESS			
CITY-ST-ZIP	LIVE OAK FL		3.4. CI	TY-ST-ZIP		<u>.</u>	
TITLE		☐ DELETE	4.1 TIT	1E		Change	☐ Addition
NAME			4.2 N	AME			
STREET ADDRESS			4.3 ST	REET ADDRESS			
CITY-ST-ZIP			4.4 CI	TY-ST-ZIP			
TITLE		☐ DELETE	5.1 TT	le		☐ Change	Addition
NAME			5 2 NA	ME [{
STREET ADDRESS			5.3 ST	REET ADDRESS			ļ
CITY-ST-ZIP				TY-ST-ZIP			
TITLE		☐ DEL€TE	6.1 TI	ì		Change	· Addition
NAME			6.2 NA	ME			
CTREET ANDRESS			6.3 ST	REET 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 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:

CITY-ST-ZIP