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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 18, 1999 8:00am

**Secretary of State** 

02-18-1999 90083 011 \*\*\*150.00

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # **P92000012462**1. Corporation Name

RB INDUSTRIES, INC.

D: : 18: 40 :						1	1 19011001 130 3040 11011 00311 00111		( <b>818</b>   1811 <b>8</b> 1	818 <b>8</b> 1818 1881 1881
Principal Place of Business Mailing Address										
10028 UNIVERSITY BLVD. 2948 ZAHARIS DR.										
ORLANDO FL	32817	270-4				DO NOT WRITE IN THIS SPACE				
US	ORLANDO FL 32837 US	юr				3. Date Incorporated or Qualifed				
		00				".	01/01/1993			.
2 Principal P	Place of Business	2a. Mailing Address	· · - · · · ·			-	FEI Number		<u> </u>	Applied For
— ·	lace of business	<del></del>				•			· -	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.					59-3155075			Not Applicable
	#, etc.					5.	Certifcate of Status Desired		•	Additional Required
City & Stat	to.	City & State	hr & Ctata			-		•		
	le .					6.	Election Campaign Financing		-	May Be
23 Zin	Country	Zip Country				⊢	Trust Fund Contribution			d to Fees
			30			8.	This corporation owes the currer	-	_	□No
24	25		10			40	Personal Property Tax.		Yes	
	9. Name and Address of Currer	it Registered Agent	8	1	Name	10.	Name and Address of New Re	gistered /	Agent	
COR	RPORATION INFORMATION SERV	ICES INC	ľ	'	Name					
1201 HAYS ST.			82	82 Street Add			O. Box Number is Not Acceptab	e)		
TALLAHASSEE FL 32301										
IALI	LANASSEE PL 32301		8:	3						į
			84	+	City				85 Zi	p Code
				`	Oity			FL	63   2	p code
	to the provisions of Sections 607.050									
office or n	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was aut tions of Section 607 0505. Florid	horized by la Statute	y th S	he corporation	's bo	pard of directors. I hereby accept	he appoin	tment as	registered
<u> </u>	a		0	•						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Register					signature required w	vhen ri	reinstating)	DATE		
12.	OFFICERS AN	ID DIRECTORS	13.			-	ADDITIONS/CHANGES TO OFFI	CERS AN	D DIREC	FORS IN 12
TITLE	DP	☐ DELETE	1.1 TITLE						Chang	e 🔲 Addition
NAME	Begue, Robert P		1.2 NAME							1
STREET ADDRESS	2948 ZAHARIAS DRIVE		1.3 STREE	T A	ADDRESS					Ì
CITY-ST-ZIP	ORLANDO FL 32821		1.4 CITY-							}
TITLE	0112 412 0 1 2 G2G21	☐ DELETE	2.1 TITLE	Ş1°.	ZIF				☐ Chang	e
NAME			2.2 NAME						onding	
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STREET ADDRESS			2.3 STREE							
CITY-ST-ZIP		[ DELETE	2. 4 CITY-	ST-	-ZIP			-	CT Chann	- Maddition
TITLE		☐ DELETE	3.1 TITLE						Chang	e 🗌 Addition
NAME			3.2 NAME							
STREET ADDRESS			3.3 STREE	TA	ADDRESS					
CITY-ST-ZIP			3.4. CITY-	ST-	- ZIP					
TITLE	<u> </u>	☐ DELETE	4.1 TITLE						Chang	e 🖺 Addition
NAME			4. 2 NAME							
STREET ADDRESS	DORESS		4.3 STREE	4.3 STREET ADDRESS					,	
CITY-ST-ZIP			4.4 CfTY-5	ST-7	ZIP					
TITLE		☐ D£LETE	5.1 TITLE						☐ Chang	e
NAME			5.2 NAME							,
STREET ADDRESS			5.3 STREE	ΤA	ADDRES\$					ļ
CITY-ST-ZIP			5.4 CITY-5	ST-7	ZIP					ł
TITLE		☐ DELETE	6.1 TITLE		<del></del>		+ !		Change	⊋
NAME		<u>—</u>	6.2 NAME							
			6.3 STREE	т А	IUDBESS					ł
STREET ADDRESS			0.3 3 INCE	^	PONESS					1

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 an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP