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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9300001702 (8)

R & K TREADWELL, INC.

Principal Place of Business

Mailing Address

## FILED Jan 27 1998 8:00am Secretary of State



945 HOLLY LANE JACKSONVILLE FL 32207				945 HOLLY LANE JACKSONVILLE FL 32207				DO NOT WRITE IN	THIS SPACE	
								3. Date Incorporated or Qualified 12/30/1992		
2. Principal Pa	ace of Busine	SS	<u> </u>	2a. Mailing Address 26				4. FEI Number 59-3164553	} <del></del>	pplied For ot Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.					60.70	Additional
22			27	27				5. Certificate of Status Desired	,	equired
City & State			City & State	_ <del></del>				6. Election Campaign Financing	\$5.00	May Be
23			28	28				Trust Fund Contribution Added to Fees		
Zip	Country Zip			Country				8. This corporation owes or has paid the	he current year In	tangible
24	25 29 30				Personal Property Tax due June 30. 🔀 Yes 🔲 No					
g, Name and Address of Current Registered Agent							<del></del>	10. Name and Address of New Regist	ered Agent	
COKER, JEAN C					81	Nam	е			}
		INT DRIVE S		82 Street			t Addre	ess (P.O. Box Number is Not Acceptable)		
		NETT PLAZA		83						
JAC	<b>XSONVILLE</b>	FL 32218				-				
					84	City			FL 85 Zip	Code
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.										ts registered registered
SIGNATURE .										
3,017,10112	Signature, typed or		agent and title if applicable	(NO1E: Regis	tered Age	ent signal	не гедитес	d when reinstating)	DATE	
12.		OFFICERS A	AND DIRECTORS		3.			ADDITIONS/CHANGES TO OFFICER		
TITLE	D		DEL	4	1 THTLE		ŀ		Change	Addition
NAME		LL, <b>r</b> aymond p			2 NAME					
STREET ADDRESS	945 HOLL					3 STREET ADDRESS				
CITY-ST-ZIP		VILLE FL 32207	T ne		4 CITY - S	ST - ZIP	<del></del>		Oharas	14400
TITLE	DEADUE	II EOLA V	☐ DEL		1 TITLE		P	n.	🔀 Change	Addition
NAME		LL, EOLA K			2 NAME			=		
STREET ADDRESS	945 HOLL					ADDRES	'   9	readwell, Eola K 145 Holly Lane		+
CITY-ST-ZIP	JACKSON	VILLE FL 32207	T pri		4 CITY-	ST-ZIP	J	lackschville, FL 32207	[] o	<b>527</b> ( 3300
TITLE			L D€L		1 TITLE		v	7 D	[_] Change	Addition
NAME				3.	2 NAME			Joyce Fields		
STREET ADDRESS				3	3 STREET	ADDRESS	<b>)</b>	245 Holly Lane		
CITY-SY-ZIP					4. CITY-	ST-ZIP	<del>.</del>	Jacksonville, FL 32207		
TITLE			L DEL	ETE 4.	1 TITLE			S D	Change	Addition
NAME				4.	2 NAME		J	Janice Waters		1
STREET ADDRESS				4.	3 STREET	ADDRESS	;   9	945 Holly Lane		
CITY-ST-ZIP		<u> </u>			4 City - S	ST-ZIP		Jacksonville, FL 32207		
TITLE			L DEL	ETE 5.	1 TITLE				Change	Addition
NAME				5.	2 NAME					Į
STREET ADDRESS				5.	3 STREET	ADDRESS	ا ذ			
CITY-ST-ZIP					4 CITY - S	31 - ZIP				
TITLE	<u></u>		DEL	ETE 6.	1 TITLE				☐ Change	Addition
NAME				6.	2 NAME					
STREET ADDRESS				6.	3 STREE1	ADDRESS	,			
∠CITY-ST-ZIP				6.	4 CITY - S	31 - 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.

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