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

DOCUMENT # P930 1. Corporation Name RLD PRODUCTS, INC.	000037	041				I FRANCES HE INGLE HING BEACH			
Principal Place of Business									
2766 LANDMARK DRIVE CLEARWATER FL 34621			DO NOT WI						
	~	. *- -	. .	٠	<u> </u>	3: Date Incorporated or Qualife 05/24/1993			
2. Principal Place of Business	2a. 26	Mailing Address			4. FEI Number 59-3187219				
Suite, Apt. #, etc.	27	Suite, Apt. #, etc				5. Certificate of Status Desired			
City & State	28	City & State				Election Campaign Financing Trust Fund Contribution			
Zip Country 24 25	·					This corporation owes the current Personal Property Tax.			
9. Name and Address of	f Current Regist	ered Agent		Ι.,		10. Name and Address of New			
NORRIS, RICHARD				81	Name				
2786 LANDMARK DR.					Street Add	eet Address (P.O. Box Number is Not Acce			
CLEARWATER FL 34621				83					
				84	City				
Pursuant to the provisions of Sections office or registered agent, or both, in tagent. I am familiar with, and accept to	he State of Florid	a. Such change v	vas autnonze	ea by	tne corporat	poration submits this statement for the ion's board of directors. I hereby accounts the interest of the intere			
SIGNATURE Signature, typed or printed name of re	gistered agent and title if	applicable.	(NOTE: Register	ed Agen	t signature requir	ed when reinstating)			

FILED Apr 08, 1999 8:00 am Secretary of State

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2. Principal Pi	lace of Business		2a.	Mailing Address				4.	FEI Number		Apı	plied For
21			26	_					59-3187219		No	t Applicable
Suite, Apt.	#, etc.		- 	Suite, Apt. #, etc.					Certificate of Status Desired		\$8.75 A	dditional
22			27					5.	Certificate of Status Desired		Fee Re	quired
City & State	e ·			City & State				6.	Election Campaign Financin	g 🖸	\$5.00	May Be
23	•		28						Trust Fund Contribution	<u> </u>	Added to	o Fees
Zíp		ountry		Zip	Cou	untry	- · · -	8.	This corporation owes the c	urrent year Int	angible	_/
24	25		29		30				Personal Property Tax.			Mo
	9. Name and	Address of Curren	ıt Regist	tered Agent		1_		10.	Name and Address of Nev	v Registered	Agent	
NOD	DIE DICHAOD					81	Name		,			ł
	RIS, RICHARD	`				82	Street A	Address (P	O. Box Number is Not Acce	ptable)		
	LANDMARK DE											
CLEA	ARWATER FL 34	621				83						
						84	City			FL	85 Zip C	Code
l office or n	enistered agentiin	r both in the State.	of Florid	07.1508, Florida Statu a. Such change was Section 607.0505, Fl	authonze	a bv	the corpo	corporation pration's bo	n submits this statement for to pard of directors. I hereby ac	he purpose of	changing its ntment as rec	registered gistered
SIGNATURE		· · · · · · · · · · · · · · · · · · ·	-1 - 1 eat - 5	(NOT	FF. Ponistore	d A a a a	d cionatura co	quired when re	einstating)	DATE		\
	Signature, typed or print	od name of registered age OFFICERS AN			13.		it signature te	<u> </u>	ADDITIONS/CHANGES TO		D DIRECTO	RS IN 12
12. TITLE	DΡ	OF TICENS AN	AD DIVE	DELETE	1.1 T	_			NO DITIONO TO THE PARTY OF THE	<u> </u>	Change	Addition
NAME	NORRIS, RICH	ARN			- 1	IAME.	ì					· ·
STREET ADDRESS	2786 LANDMA					-	ADORESS					
	CLEARWATER					TY-S	- 1					
CITY-ST-ZIP	OLLANIATEN	1 1 04021		☐ DELETE		TILE	1-21-	_			Change	Addition
					- I	AME						_
NAME							ADDRESS	,				
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CITY-ST-ZIP						CITY-S	7-ZIP					F A J J Sal
TITLE) 	· ·		☐ DELETE		TITLE					Change	☐ Addition
NAME :	AND THE SECOND				6.2 N	AME						ļ

STREET ADORESS 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: