

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 # P93000049255

1. Corporation Name
R/C MACHINERY SALES, INC.

Principal Place of Business

8435 LAGOON RD.
FT MYERS BEACH FL 33931
US

Mailing Address

8435 LAGOON RD.
FT MYERS BEACH FL 33931
US

FILED
Apr 12, 1999 8:00 am
Secretary of State

04-12-1999 90044 006 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/08/1993

4. FEI Number

65-0428935

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 16479 Rainbow Meadows Ct.

2a. Mailing Address

27 Suite, Apt. #, etc.

SAME

23 City & State

FT MYERS, FL

28 City & State

FT MYERS, FL

24 Zip

33908

25 Country

USA

29 Zip

33908

30 Country

USA

9. Name and Address of Current Registered Agent

REIDY, CHARLES D
8435 LAGOON RD
FT MYERS BEACH FL 33931

10. Name and Address of New Registered Agent

81 Name

Reidy, Charles D.

82 Street Address (P.O. Box Number is Not Acceptable)

16479 RAINBOW MEADOWS CT.

83

84 City

FT MYERS

FL

85 Zip Code

33908

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

Charles D. Reidy

Charles D. Reidy

4/8/99

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME REIDY, CHARLES D
STREET ADDRESS 8435 LAGOON RD.
CITY-ST-ZIP FT MYERS BEACH FL

☐ DELETE

TITLE D
NAME REIDY, PATRICIA A
STREET ADDRESS 8435 LAGOON RD.
CITY-ST-ZIP FT MYERS BEACH FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME Reidy, Charles D.
1.3 STREET ADDRESS 16479 RAINBOW MEADOWS CT.
1.4 CITY-ST-ZIP FT MYERS, FL, 33908

☒ Change ☐ Addition

2.1 TITLE PD
2.2 NAME Reidy, Patricia A.
2.3 STREET ADDRESS 16479 RAINBOW MEADOWS CT.
2.4 CITY-ST-ZIP FT MYERS, FL 33908

☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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: Patricia A. Reidy PATRICIA A. Reidy 4/8/99 941/415-0263

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)