

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000058145 (2)

1. Corporation Name

R & R ELECTRICAL DESIGN AND CONTRACTING, INC.



Principal Place of Business

362 COMMERCE WAY  
STE 120  
LONGWOOD FL 32750  
US

Mailing Address

362 COMMERCE WAY  
STE 120  
LONGWOOD FL 32750  
US

2. Principal Place of Business

21 400 Commerce Way

Suite, Apt. #, etc.

22 Ste 128

City & State

23 Longwood, FL

Zip

24 32750

Country

25 Seminole

2a. Mailing Address

26 400 Commerce Way

Suite, Apt. #, etc.

27 Ste 128

City & State

28 Longwood, FL

Zip

29 32750

Country

30 Seminole

9. Name and Address of Current Registered Agent

ROSE, ROBERT B  
362 COMMERCE WAY  
STE 120  
LONGWOOD FL 32750

3. Date Incorporated or Qualified

08/18/1993

3a. Date of Last Report

01/20/1995

4. FEI Number

59-3198107

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

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

83

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.

SIGNATURE

*Robert B. Rose*

(NOTE: Registered Agent signature required when requested)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME ROSE, ROBERT B  
STREET ADDRESS 1150 EMMA OAKS TRL  
CITY-ST-ZIP LAKE MARY FL

☐ DELETE

TITLE D  
NAME KIPP, ROBYNE C  
STREET ADDRESS 1150 EMMA OAKS TRL  
CITY-ST-ZIP LAKE MARY 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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-96

260-5911

CR2E034 (12/95)