

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

FILED
Feb 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000061299 (2)**

1. Corporation Name
R & M INC.

Principal Place of Business

**1219 LA SALIDA WAY
LEESBURG FL 34748**

Mailing Address

**1219 LA SALIDA WAY
LEESBURG FL 34748**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/01/1993

4. FEI Number
59-3201208

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 or has paid the current year intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business 21 1921 Brantley Circle Suite, Apt. #, etc.	2a. Mailing Address 26 1921 Brantley Circle Suite, Apt. #, etc.
City & State 23 Clermont, FL	City & State 28 Clermont, FL
Zip 24 34711	Zip 29 34711
Country 25 USA	Country 30 USA

9. Name and Address of Current Registered Agent

**YURCHICK, ROBERT S
1219 LA SALIDA WAY
LEESBURG FL 34748**

10. Name and Address of New Registered Agent

81 Name Robert S Yurchick
82 Street Address (P.O. Box Number is Not Acceptable) 1921 Brantley Circle
83
84 City Clermont
85 Zip Code 34711

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YURCHICK, ROBERT S	1.2 NAME	
STREET ADDRESS	1219 LA SALIDA WAY	1.3 STREET ADDRESS	1921 Brantley Circle
CITY-ST-ZIP	LEESBURG FL 34748	1.4 CITY-ST-ZIP	Clermont, FL 34711
TITLE	ST	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YURCHICK, MICHELE L	2.2 NAME	
STREET ADDRESS	1219 LA SALIDA WAY	2.3 STREET ADDRESS	1921 Brantley Circle
CITY-ST-ZIP	LEESBURG FL 34748	2.4 CITY-ST-ZIP	Clermont, FL 34711
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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.

SIGNATURE: **Michele Yurchick**

2-24-98

CR2E034 (1097)