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 # P93000069067 (5)

RHODES SERVICES, INC.

FILED May 06 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						-		
					1			
1201 PLATT AVE SW 1201 PLATT AVE SW PALM BAY FL 32908 PALM BAY FL 32908						DO NOT WRITE IN THIS	SPACE	
						3. Date Incorporated or Qualified 09/27/1993		
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	Ар	plied For
21		26				59-3215592	Not	Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 A Fee Re	
City & State)	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added to	
Zip	Country	Zip	Counti	ry		8. This corporation owes or has paid the cu	irrept year Inte	angible
24	25	29	30					No
	g. Name and Address of Currer	nt Registered Agent				10. Name and Address of New Registered	Agent	
RHODES, BETH M					Name			
1201 PLATT AVE SW			8	82 Street Address (P.O. Box Number is Not Acceptable)				
	LM BAY FL 32908			-				
•••			8	3				
			8-	4 C	City	Fl	85 Zip C	Code
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statules, 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								
SIGNATORE	Signature typed or prested same of registered ag	ent and tile Tapplicable (NOTE	: Registered A	gent s	ignature required			
12.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	DELETE		1.1 TITLE	1.1 TITLE			Change	☐ Addition
NAME	RHODES, BETH M	1.2 NAM		E				
STREET ADDRESS	1201 PLATT AVE SW	1.3 STREET ADDRESS		DRESS				
CITY-ST-ZIP	PALM BAY FL 32908			1.4 CITY-ST-ZIP				
TITLE		☐ DEL ete	DELETE 21 TITL				Change	L Addition
NAME			2 2 NAM			S		1
STREET ADDRESS			2 3 STREET AL		DRESS			
CITY-ST-ZIP			2 4 CITY	- ST - 2	ŽIP			
TITLE		☐ DELETE	☐ DELETE 31 TITLE				Change	Addition
NAME			3.2 NAM	E				
STREET ADDRESS			3.3 STRE	ET ADO	DRESS			
CITY-ST-ZIP			3.4 CITY	/- ST-2	ZIP			
TITLE		☐ DEL e te	4.1 TITLE	<u> </u>			Change	Addition
NAME			4. 2 NAM	łΕ				
STREET ADDRESS			4.3 STRE	ET ADI	DRESS			
CITY-ST-ZIP			4.4 CITY	- ST- 2	OP.			
TITLE		DELETE	5.1 TITLE				Change	Addition
NAME			5.2 NAM	E				
STREET ADDRESS			5.3 STRE	ET ADI	DRESS			
CITY-ST-ZIP			5.4 CITY	- ST - Z	1P			
TITLE		DELETE	6.1 TITLE				Change	Addition
NAME			6.2 NAM	ΙĒ				
STREET ADDRESS			6.3 STRE	et adi	DRESS			
CITY-ST-ZIP			6.4 City					
				-				

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.