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

**PROFIT** CORPORATION ANNUAL REPORT



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

1996

R & R PALLET CLEANING, INC.           Principal Place of Business         Mailing Address         At 5. BOX 930 LAKE CITY FL 32024 US         BT. 5. BOX 930 LAKE CITY FL 32024 US         BT. 5. BOX 930 LAKE CITY FL 32024 US         BT. 5. BOX 930 LAKE CITY FL 32024 US         BT. 5. BOX 930 LAKE CITY FL 32024 US         BT. 5. BOX 930 LAKE CITY FL 32024 US         BT. 5. BOX 930 LAKE CITY FL 32024 US         BT. 5. BOX 930 LAKE CITY FL 32024 US         BT. 5. BOX 930 LAKE CITY FL 32024 US         BT. 5. BOX 930 LAKE CITY FL 32024 US         BT. 5. BOX 930 LAKE CITY FL 32024 US         BT. 5. BOX 930 LAKE CITY FL 32024 US         BT. 5. BOX 930 LAKE CITY FL 32024 US         BT. 5. BOX 930 LAKE CITY FL 32024 US         BT. 5. BOX 930 LAKE CITY FL 32024 US         BT. FL Number Applied For Ap	DOCUN 1. Corporation	MENT # P940	00002440 (	(3)				
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S. Diske incorporated or Qualified   Sa. Date incorporated or Qualified   Sa. Date of Last Report   Office   Sp.	Principal Place	of Business	Mailavi Address					
Application								
Principal Page of Diseases	LAKE CITY FL 32024		LAKE CITY FL 32024					
2. Married Packer of Business   2. Married Ford   2. Married For						· ·	•	
21	2. Principal Place of Business		2a. Mailing Address			·		
27	· · · · · · · · · · · · · · · · · · ·				F7 0000400			
2	Suite, Apt. #, etc.		}		5. Certificate of Status Desired			
20	City & State		<u>-</u>					
10. Name and Address of Current Registered Agent	——————————————————————————————————————		<u>├</u> ¬	<b>⊢</b> '		8. This corporation has liability for intangible tax under s. 199.032,		
ROSE, RICHARD A   RT	······································	9. Name and Address of Curre	nt Registered Agent					
## 1. 5, BOX 930 LAKE CITY FL 32024  ## 1. 5, BOX 930 LAKE CITY FL 32024  ## 1. 5, BOX 930 LAKE CITY FL 32055  ## 1. 6, BOX 930 LAKE CITY FL 32055  ## 1. 1				81	Name			
STREET ADDRESS   Changes   Change   Change   Change   Change   Addition				82	Street Add	ddress (P.O. Box Number is Not Acceptable)		
1.   Pursuant to the provisions of Sections E07 05/00 and 637 15/06. Florida Statutes the above remote corporation submits this statement for the purpose of changing its registered office dentification, or both in the State of Florida. Such change was authorized by the expondion's boat of denotes. Hereby accept the appointment as registered agent, i am for state of providing the state of the state of the state of floridal state and providing the state of								
The Processor to the provisions of Sections 607 07/02 and 607 1508. Floradis Statistics, the above noned corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Floradis Such change was authorized by the exponention submits the statement for the purpose of changing its registered agent. I am registered agent. I	LAKE CITY FL 32024			•3				
1. Pursuant to the provisions of Sections 607 0502 and 607 1508. Flunds Statuties, the above named corporation authorists this statement for the purpose of changing its registered office or registered agent, or both in the State of Plansta. Such change was authorized by the exponention's board of directors. Thereby accept the appointment as registered openit, I am a management authorized by the exponention's board of directors. Thereby accept the appointment as registered openit, I am a management with, and accept the obligations of, Section 607 0505, Florida Statutes.    SIGNATURE				84				
Signature   Sign	11. Pursuant to	the provisions of Sections 607.050	12 and 607.1508, Florida Statul	tes, the above na	iried corpo	ration submits this statement for the over		
Square of preference despectable plane of preference and prefere	OF TECHSIEFE	so agent, or potri, in the state of no	nda louch change was admon	rea by the carbon	ration's boa	rd of directors. Thereby accept the appo	intment as registered agent. I am	
12.	SIGNATURE	ern en el en cercel da la chichte de trompe en com	The factor of the same	on our Head	ntw			
TILE					agrade turpir a			
NAME   ROSE, RICHARD A   12 NAME   STREET ADDRESS   RT. 5, BOX 930   13 STRET ADDRESS   LAKE CITY FL 32055   14 OT 51 296     NAME   ROSE, EDWIN A   22 NAME   23 STREET ADDRESS   LAKE CITY FL 32055   14 OT 51 296     NAME   ROSE, EDWIN A   22 NAME   23 STREET ADDRESS   LAKE CITY FL 32055   240 51 296     TITLE   DELETE   31 LE   Change   Addition     NAME   STREET ADDRESS   STATE ADDRESS   CITY-ST-29   340 STATE ADDRESS     CITY-ST-29   340 STATE ADDRESS   CITY-ST-29   340 STATE ADDRESS     CITY-ST-29   340 STATE ADDRESS   CITY-ST-29   340 STATE ADDRESS     CITY-ST-29   440 STATE ADDRESS   CITY-ST-29   440 STATE ADDRESS     CITY-ST-29   440 STATE ADDRESS   CITY-ST-29   440 STATE ADDRESS     CITY-ST-29   540 STATE ADDRESS     CITY-ST-29   540 STATE ADDRESS     CITY-ST-29   540 STATE ADDRESS     CITY-ST-29   SAC STATE ADDRESS     CITY-ST-29   S	TITLE	D	DELFTE	1 1 ITLE		3 3 3 4 4 6 2 7 3 6 7 1 6		
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certify that the information indicated on this annual report or supplemental annual report is and accurate and that my signature shall have the same legal effect as if made under	14. Ldo hereb	y certify that the information supplied	I with this fing is voluntarily fun	nished and es no	at qualify for	r the exemption stated in Section 119.07	(3/l/d) Florida Statutes 15 allia	

cath; that I am an officer or discontinuous annual report of supplemental arrival report for an abstract and that my signature shall have the same legal effect as if made under out in the comporation or the reserver or trustee empowed 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 DIRECT

4130196 904.752.5161