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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

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Feb 06 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

STREET ADORESS

SIGNATURE:

CHY-ST-7IP

DOCUMENT # P94000042377 (9)

R & R ENTERPRISES OF OKEECHOBEE, INC.

Principal Place of Business Mailing Address 16310 NW 96TH ST. 16310 NW 96TH ST OKEECHOBEE FL 34972 OKEECHOBEE FL 34972-9625 3a. Date of Last Report 3. Date Incorporated or Qualified 06/07/1994 09/06/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0494613 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Żφ Country  $Z \phi$ Country This corporation has liability for intangible tax under s. 199.032, Yes 🛄 No 24 Florida Statutes 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WALDRON, CURTIS R II 16310 NW 96TH ST 82 Street Address (P.O. Box Number is Not Acceptable) **OKEECHOBEE FL 34972** 83 84 City Zip Code 85 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) CATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) 13. DELETE 1.1 TITLE Change Addition TITLE WILLIAMS, RONALD G NAME 1.2 NAME CR2E034 150 S.W. 196TH TERRACE STREET ADDRESS 1.3 STREET ADDRESS **OKEECHOBEE FL 34974** 1.4 CITY - ST - ZIP DiTY-ST-ZiP TITLE DELETE 2.1 TITLE Change Addition WALDRON, CURTIS R 22 NAME NAME 16140 NW 96TH ST. STREET ADORESS 2.3 STREET ADDRESS **OKEECHOBEE FL 34974** CITY-ST-2IP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE WALDRON, SHERRI NAME 3.2 NAME 16140 NW 96TH ST. STREET ADDRESS **3.3 STREET ADDRESS OKEECHOBEE FL 34974** CHTY-ST-ZIP 34. CITY-ST-ZIP DELETE Change Addition TITLE 4 1 TITLE WALDRON, CURTIS J NAME 4 2 NAME 16310 NW 96TH ST. STREET ADDRESS 4.3 STREET ADDRESS OKEECHOBEE FL 4.4 CITY-ST-ZIP CITY - ST - 7IP DELETE 5.1 TITLE Change Addition TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE 6.1 TITLE Change \_\_\_ Addition TITLE NAME 6.2 NAME

> 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I do 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 arrival 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.