## **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 #

P94000067542 (8)

RCDL, INC.

## **FILED** May 18 1998 8:00am Secretary of State



Principal Place	of Business	Mailing Address				-		Iffat Of De	0 (18) (88)	
401 EAST CH		PO BOX 940	•							
STE 105		GULF BREEZE FL 32562								
PENŜAÇOLA F US	L 32501	US	US			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified				
00						09/12/1994				
2. Principal Pla	ace of Business	2a. Mailing Address	2a. Mailing Address						plied For	
21		26							Applicable	
Suite, Apt. 4	#, etc.	Suite, Apt. #, etc.	······································			5. Certificate of Status Desired	, , ,	_	dditional	
22		27	City & State				<del></del>	ee Re		
City & State 23	•	28				8. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Žip	Country	Zip	Coun	ntry		8. This corporation owes or has paid the current year Intangible				
24	25	29	30			Personal Property Tax due June 30. Yes No				
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent										
Brannen, David					81 Name					
	EAST CHASE STREET		1	<b>82</b> St	reet Addres	t Address (P.O. Box Number is Not Acceptable)				
	: 105 ISÁCOLA FL 32501		ļ.	83						
FEN	ISACULA FL 32301		ľ	00						
				<b>84</b> Ci	ity		FL 85	Zip C	ode	
11. Pursuant t	o the provisions of Sections 607.050	2 and 607.1508, Florida Statut	es, the ab	ove-na	med corpo	ration submits this statement for the purp	ose of chan	ging its	registered	
office or re agent. I ar	e <b>giste</b> red agent, or both, in the State n <b>famil</b> iar with, and accept the obliga	of Florida. Such change was a ations of, Section 607.0505. Flo	authorized orida Statu	l by the rtes.	e corporatio	on's board of directors. I hereby accept the	ne appointme	ent as	registered	
SIGNATURE										
Signature, typicd or printed narror of registered agent and title it apparable (NOTE: Registere					gnature required		DATE			
12.	OFFICERS AND	D DIRECTORS  DELETE	13.	TI.E.		ADDITIONS/CHANGES TO OFFICER	S AND DIRE		S IN 12	
TITLE	LEATHERWOOD, DAVID P	וון הכניונ	1.1 TITU 1.2 NAM				L. 0	ianye	- Addition	
NAME Street address	TO OLD MAIN CTOCCT		1	VIC REET ADDI	DECC					
CITY-ST-ZIP	NEW CORDON NH	DDDON NU								
TITLE	D			1.4 CITY-ST-ZIP 2.1 TITLE			☐ C	nange	Addition	
NAME	COOK, RODNEY L		2.2 NAM	2.2 NAME 2.3 STREET ADDRESS						
STREET ADDRESS	\$200 PROVIDENCE DR		2.3 STR							
CITY-ST-ZIP	ANCHORAGE AK 99519		2. 4 CIT	2. 4 CITY-ST-ZIP						
TITLE	DELETE 3.1		3.1 TITL	3.1 TITLE			☐ C	iange	Addition	
NAME			3.2 NA	ME						
STREET ADDRESS			1	REET ADDI						
CITY-ST-ZIP		DELETE		Y - ST - ZI	P				Addition	
TITLE		L] DELETE	4.1 1111				∐ Ci	range	Addition	
NAME OTREET ADDRESS			4. 2 NA		ntee					
STREET ADDRESS				REET ADD						
CITY-ST-ZIP TITLE		DELETE	5.1 TITL	Y-ST-ZHE Le			CI	ange	Addition	
NAME		And Parent	5.1 NA					<u>-</u> -		
STREET ADDRESS				···- REET ADDI	RESS					
CITY-ST-ZIP				Y-ST-ZIF						
TITLE		DELETE	6.1 7(1)				CI	ange	Addition	
NAME			6 2 NAM	ME						
STREET ADDRESS			6.3 STR	reft addi	RESS					
CITY-ST-ZIP				Y - ST - ZIF			·			
14. I hereby c	ertify that the information supplied w	th this filing does not qualify for	or the exer	mption	stated in S	section 119.07(3)(i), Florida Statutes. I furt	her certify th	at the	information	

indicated on this armual report or supplemental armual 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 of 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 of changed, or on an attachment with an address.