

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

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # P94000080993 (6)

1. Corporation Name

R & B SALES INC.



Principal Place of Business

Mailing Address

**120 7th STREET S.W.
WINTER HAVEN, FL, 33880**

**P.O. BOX 7628
WINTER HAVEN, FL, 33883-
7628**

3. Date Incorporated or Qualified
11/03/1994

3a. Date of Last Report
07/07/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0590114

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BYRD, DAVID L

**120 7th STREET S.W.
WINTER HAVEN, FL, 33880**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 607.0508, Florida Statutes.

SIGNATURE **DAVID L. BYRD**

Signature typed or printed name of registered agent or director.

(NOTE: Registered Agent signature required when resigning.)

5/13/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

☐ Change ☐ Addition

NAME **P
RUNKLE, RALPH**
STREET ADDRESS **1115 FOURWOOD DRIVE**
CITY-STATE-ZIP **CHAPEL HILL NC 27514**

1.1 TITLE **P**
1.2 NAME **RUNKLE, RALPH**
1.3 STREET ADDRESS **90021 HOEY**
1.4 CITY-STATE-ZIP **CHAPEL HILL, NC, 27514**

TITLE ☐ DELETE

☐ Change ☐ Addition

NAME **VP
BYRD, DAVID L**
STREET ADDRESS **9000 W. SHERIDAN ST.**
CITY-STATE-ZIP **PEMBROKE PINES FL 33024**

2.1 TITLE **VP**
2.2 NAME **BYRD, DAVID L.**
2.3 STREET ADDRESS **120 7th STREET S.W.**
2.4 CITY-STATE-ZIP **WINTER HAVEN, FL, 33880**

TITLE ☐ DELETE

☐ Change ☐ Addition

NAME **ST
RUNKLE, CHRISTINE**
STREET ADDRESS **1115 FOURWOOD DRIVE**
CITY-STATE-ZIP **CHAPEL HILL NC 27514**

3.1 TITLE **ST**
3.2 NAME **RUNKLE, CHRISTINE**
3.3 STREET ADDRESS **90021 HOEY**
3.4 CITY-STATE-ZIP **CHAPEL HILL, NC, 27514**

TITLE ☐ DELETE

☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE ☐ DELETE

☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE ☐ DELETE

☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

David L. Byrd

DAVID L. BYRD 5/13/96 941-299-5636

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone

CR2E034 (12/95)