FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #
1. Corporation Name

P94000093879 (2)

R & G ENTERPRISES OF THE SUNCOAST. INC.

FILED May 05 1998 8:00am Secretary of State



Principal Place of Business Mailing Address **10016 DANA ST** 10016 OANA ST **NEW PORT RICHEY FL 34654 NEW PORT RICHEY FL 34654** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/27/1994 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 59-3293023 Not Applicable 21 26 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 30 Personal Property Tax due June 30. Yes 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent INGRAM, RALPH **10016 OANA ST** 82 Street Address (P.O. Box Number is Not Acceptable) **NEW PORT RICHEY FL 34654** 83 84 City 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 607.0505, Florida Statutes. SIGNATURE Signifiure, typed or printed name of registered agent and life if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PTD DELETE Change Addition TITLE 1.17(T)E INGRAM, RALPH NAME 1.2 NAME **10016 OANA ST** STREET ADDRESS 1.3 STREET ADDRESS **NEW PORT RICHEY FL 34654** CITY-ST-ZIF 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE I**ng**ram, gale a 2.2 NAME 10018 OANA ST STREET ADDRESS 2.3 STREET ADDRESS **NEW PORT RICHEY FL 34654** CITY-ST-ZIP 2.4 CITY - ST - ZIP DELETE Change Addition 3.1 TITL€ NAME 3.2 NAME 3.3 STREET ADORESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Change Addition TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE 6.1 TITLE Addition Change TITLE NAME 6.2 NAME STREET ADDRESS **63 STREET ADDRESS** CITY-ST-ZIP 64 City-St-ZiP

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 conversion or the acceiver 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 charged, or on an attachment with an address.

1-31-90