

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

FILED
Mar 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000006558 (7)**

1. Corporation Name
RNB SUBS INC.



Principal Place of Business 10601-A1 S. US HWY 441 LEESBURG FL 34788	Mailing Address 10601-A1 S. US HWY 441 LEESBURG FL 34788
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 1051 S. Pine Ave. 23 City & State Ocala FL. 24 Zip 34470		2a. Mailing Address 26 Suite, Apt. #, etc. 27 1051 S. Pine Ave 28 City & State Ocala FL. 29 Zip 34470		3. Date Incorporated or Qualified 01/23/1995	
25 Country Marion		30 Country Marion		4. FEI Number 59-3301912 Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BLACK, ROBERT
888 SHEEPSHEAD AVENUE
NEW SMYRNA BEACH FL 32169**

10. Name and Address of New Registered Agent

81 Name BLACK Robert
82 Street Address (P.O. Box Number is Not Acceptable) 1051 S. Pine Ave.
83 City Ocala
84 State FL
85 Zip Code 34470

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

Robert Black

Signature, typed or printed name of registered agent and true if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACK, ROBERT M	1.2 NAME	
STREET ADDRESS	888 SHEEPSHEAD AVE	1.3 STREET ADDRESS	1051 S. Pine Ave.
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	1.4 CITY-ST-ZIP	Ocala FL. 34470
TITLE	PD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACK, NANCY R	2.2 NAME	
STREET ADDRESS	888 SHEEPSHEAD AVE	2.3 STREET ADDRESS	1051 S. Pine Ave.
CITY-ST-ZIP	NEW SMYRNA BEACH F; 32169	2.4 CITY-ST-ZIP	Ocala FL. 34470
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACK, KATHLEEN L	3.2 NAME	
STREET ADDRESS	104 CROWN OAKS WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32779	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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:

Robert M Black

3/3/98

352 368 6689

CP2E034 (10/97)