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 # P95000017897 (6)

R & R ENTERPRISES OF NORTHWEST FLORIDA, INC.

Principal Place of Business Mailing Address 10003 RAYMAR ST 10003 RAYMAR ST PENSACOLA FL 32534 PENSACOLA FL 32534 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/03/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3307561 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 30 Personal Property Tax due June 30. □ No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent GILLEY, WILLIAM R 81 Name 10003 RAYMAR ST. 82 Street Address (P.O. Box Number is Not Acceptable) PENSACOLA FL 32534 83 **B4** City 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 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition 1.1 TITLE TITLE GILLEY, WILLIAM R 12 NAME NAME 10003 RAYMAR ST STREET ADDRESS 1.3 STREET ADDRESS PENSACOLA FL 32534 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE ☐ Change Addition 2.1 TITLE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY+ST-ZIP Change DELETE Addition 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Addition Change TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREE1 ADDRESS

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

61 TITLE

6.2 NAME

I hereby certify that the information supplice indicated on this annual report or supplier officer or director of the corporation of the Block 12 or Block 13 it changed, or o a

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information thi airwal report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an coiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in eachment with an address.

SIGNATURE: 33

DELETE

CR2E034 (10/97)

Change

Addition

FILED

Mar 12 1998 8:00am

Secretary of State