FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000058614 (5)**

1. Corporation Name

R & T AND ASSOCIATES, INC.

Principal Place of Business	Mailing Address
3558 N. HARBOR CITY BLVD. MELBOURNE FL 32935	3558 N HARBOR CITY BLVD. MELBOURNE FL 32935

3. Date Incorporated or Qualified: 07/28/1995

3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 4921 Oleander Ave	26 4921 Oleander Ave
22 Ft Pierce FL	27 Ft Pierce FL
23 34983 St Lucie	28 34983 St Lucie
24 Zip	25 Country
29 Zip	30 Country

4. FEI Number: 59-3330408 ☐ Applied For ☐ Not Applicable

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

SCHAEFER, TRISHA
3558 HARBOR CITY BLVD.
MELBOURNE FL 32935

10. Name and Address of New Registered Agent

81 Name: Trisha Schaefer
82 Street Address (P.O. Box Number is Not Acceptable): 4921 Oleander Ave
83
84 City: Ft Pierce FL 85 Zip Code: 34983

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 of New Registered Agent, if changed) (Signature of Registered Agent, if not changed) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE
NAME	PIEKARSKIE, ROBERT		1.2 NAME: Piekarskie, Robert
STREET ADDRESS	432 LAKE VICTORIA CIR.		1.3 STREET ADDRESS: 3059 Wake Rd
CITY-ST-ZIP	MELBOURNE FL 32940		1.4 CITY-ST-ZIP: Ft St Lucie Fl 34984
TITLE	D	☐ DELETE	2.1 TITLE
NAME	SCHAEFER, TRISHA		2.2 NAME: Schaefer, Trisha
STREET ADDRESS	432 LAKE VICTORIA CIR.		2.3 STREET ADDRESS: 3059 Wake Rd
CITY-ST-ZIP	MELBOURNE FL 32940		2.4 CITY-ST-ZIP: Ft St Lucie Fl 34984
TITLE		☐ DELETE	3.1 TITLE
NAME			3.2 NAME
STREET ADDRESS			3.3 STREET ADDRESS
CITY-ST-ZIP			3.4 CITY-ST-ZIP
TITLE		☐ DELETE	4.1 TITLE
NAME			4.2 NAME
STREET ADDRESS			4.3 STREET ADDRESS
CITY-ST-ZIP			4.4 CITY-ST-ZIP
TITLE		☐ DELETE	5.1 TITLE
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP
TITLE		☐ DELETE	6.1 TITLE
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			6.4 CITY-ST-ZIP

☐ Change ☐ Addition (1.1–1.4)
☒ Change ☐ Addition (2.1–2.4)
☐ Change ☐ Addition (3.1–3.4)
☐ Change ☐ Addition (4.1–4.4)
☐ Change ☐ Addition (5.1–5.4)
☐ Change ☐ Addition (6.1–6.4)

CR2E034 (12/95)

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)(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: Trisha Schaefer 2-22-96 407-467-9220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #