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 #
1. Corporation Name P95000058806 (7)

R & R COMMERCIAL PROPERTIES. INC.

Principal Place of Business Mailing Address 299 LESLIE LANE 299 LESUE LANE LAKE MARY FL \$2746 LAKE MARY FL 32746 2. Principal Place of Business 2a. Mailing Address 26 21

<u>07/27/1995</u> 4. FEI Number Applied For 59-3329740 Not Applicable Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the correct year Intangible Personal Property Tax due June 30. Yes No Country Zip Zip 30 24 25 29 10. Name and Address of New Registeres Agent 9. Name and Address of Current Registered Agent Name RAWLINS, GREGORY S 299 LESUE LANE

LAKE MARY FL 32746

82	Street Address (P.O. Box Number	is Not Acceptable)
83		
84	City	FL 85 Zip Code

3. Date incorporated or Qualified

FILED

Mar 11 1998 8:00am

Secretary of State

DO NOT WRITE IN THIS SPACE

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, typod or printed name of registered agent and title if applicable.	(NOTE: Re	agistered Agent signature r	equired when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR			S IN 12
TITLE	D	DELETE	1.1 TITLE			Change	Addition
NAME	RAWLINS, GREGORY S		1.2 NAME				
STREET ADDRESS	299 LESLIE LANE		1.3 STREET ADDRESS				
CITY-ST-ZIP	LAKE MARY FL 32746		1.4 CITY - ST - ZIP				
TITLE	0	DELETE	2.1 TITLE	· · · · · · · · · · · · · · · · · · ·	4	Change	Addition
NAME	RAWLINS, SUSAN L		2.2 NAME				
STREET ADDRESS	299 LESLIE LANE		2.3 STREET ADDRESS				
CITY-ST-ZIP	LAKE MARY FL 32748		2. 4 CITY-ST-ZIP				
TITLE		DELETE	3.1 TITLE			☐ Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP	,		3.4. CITY - ST - ZIP				
TITLE		DELETE	4.1 TITLE			Change	☐ Addition
NAME		•	4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		DELETE	5.1 TITLE			Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5 4 DITY-ST-ZIP				
TITLE		DELETE	6.1 TITLE			Change	Addition
NAME			62 NAME				
STREET ADDRESS			63 STREET ADDRESS				
****			6.4 C/TV CT 7/0				

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 suppliemental 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 of 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, don an attachment with an address. 192