

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90028 017 ***150.00

DOCUMENT # P95000064975

1. Corporation Name

R NOF, INC.



Principal Place of Business

6700 S. FLORIDA AVE
SUITE #6
LAKELAND, FL 33812

Mailing Address

P.O. BOX 628
LAKELAND, FL 33807

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/21/1995

4. FEI Number

59-3333118

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 owes the current year Intangible

Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 3755 W. Lake Hamilton Dr.
Suite, Apt. #, etc.

2a. Mailing Address

26 P. O. Box 1877
Suite, Apt. #, etc.

City & State

23 Winter Haven, FL

City & State

28 Dundee, FL

Zip

24 33831 Country

25 U.S.

Zip

29 33838 Country

30 U.S.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GARY W. CARNES
6700 S. FLORIDA AVE
SUITE #6
LAKELAND, FL 33812

81 Name
Gary W. Carnes

82 Street Address (P.O. Box Number is Not Acceptable)

83 3755 W. Lake Hamilton Dr.

84 City
Winter Haven

FL

85 Zip Code
33881

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

3/1/99

Signature of officer or director or registered agent (indicate if applicable)

(NOTE Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME CARNES, GARY W

STREET ADDRESS 1000 ISLAND WAY

CITY-ST-ZIP WINTER HAVEN, FL

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME Gary W. Carnes

1.3 STREET ADDRESS 3755 W. Lake Hamilton Dr.

1.4 CITY-ST-ZIP Winter Haven, FL 33881

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE

GARY W. CARNES -- President

3/1/99

941/292-9511

Date

Daytime Phone #

CR2E034 (11/98)