

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
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90150 019 ***150.00

DOCUMENT # **P95000069439**

1. Corporation Name

AK-RBM, INC.

Principal Place of Business

Mailing Address



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/05/1995

2. Principal Place of Business

21 **404 72nd Street**

Suite, Apt. #, etc.

22

City & State

23 **Holmes Beach, FL**

Zip Country

24 **34217**

25

2a. Mailing Address

26 **404 72nd Street**

Suite, Apt. #, etc.

27

City & State

28 **Holmes Beach, FL**

Zip Country

29 **34217**

30

4. FEI Number

65-0648543

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

9. Name and Address of Current Registered Agent

Miller, Aryles B
404 72nd Street
Holmes Beach, FL 34217

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DU** ☐ DELETE

NAME **Miller, Aryles B**

STREET ADDRESS **404 72nd St.**

CITY-ST-ZIP **Holmes Beach, FL 34217**

TITLE **DPST** ☐ DELETE

NAME **Bennfield, John S**

STREET ADDRESS **404 72nd St.**

CITY-ST-ZIP **Holmes Beach, FL 34217**

TITLE **D** ☐ DELETE

NAME **Bennfield, Timothy L.**

STREET ADDRESS **10 Wilson Drive**

CITY-ST-ZIP **Mooresville, IN**

TITLE **D** ☐ DELETE

NAME **Schlimme, Carolyn Sue**

STREET ADDRESS **18965 Wayne Road**

CITY-ST-ZIP **Livonia, MI**

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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:

John S. Bennfield President

2

19/99

Date

(941) 778-5905

Daytime Phone #

CR2E034 (11/98)