FILED

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000074954

1. Corporation Name

R & B INVESTMENTS, INC.

Principal Place of Business Mailing Address							i Billik il	ECRY BYICH BIRI IORI
650 S. BASS ROAD 650 S. BASS ROAD								
KISSIMMEE FL 34746 KISSIMMEE FL 34746								
						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		
2. Principal Place of Business 2a. Mailing Address						09/28/1995 4. FEI Number		Anniad Fan
					59-3357270		Applied For Not Applicable	
21 26								5 Additional
─		_ <u> </u>	27			5. Certifcate of Status Desired	•	Required
	City & State City & State					6. Election Campaign Financing	\$5 D	May Be
23	28					Trust Fund Contribution	•	ed to Fees
Zip	Country	Zip	Соц	ıntry		8. This corporation owes the current year Intang	gible	
24	25	29 30				Personal Property Tax. ☐ Yes ☐ No		
Name and Address of Current Registered Agent					1	10. Name and Address of New Registered Ag	ent	
CHE	N/E DEDECCA			81	Name			
SHEIVE, REBECCA 650 S. BASS ROAD			82	Street Addr	ress (P.O. Box Number is Not Acceptable)			
KISSIMMEE FL 34746			83					
				0.4		-:	- 0-1-	
				84	City	FL	85 Zi	p 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 ANI		13.			ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	D	☐ DELETE	1.1 TI				_ Chang	e Addition
NAME	SHEIVE, RANDY		1.2 N					į
STREET ADDRESS			1.3 STREET ADDRESS					
CITY-\$T-ZIP				TY-ST	r-zip			
TITLE	D DELETE 21T				L	_ Chang	e	
NAME	SHEIVE, REBECCA 650 S. BASS ROAD		2.2 N					
STREET ADDRESS	KISSIMMEE FL 34746				ADDRESS			
CITY-ST-ZIP TITLE			2.4 CITY-ST-ZIP 3.1 TITLE			Chang	e	
NAME	_ · · ·		3.2 NAME					
STREET ADDRESS			3.3 STREET ADDRESS					
CITY-ST-ZIP				ITY-S				
TITLE		☐ DELETE	4.1 TI		, 41		Chang	e 🔲 Addition
NAME				4. 2 NAME		_	_ •	_
STREET ADDRESS				4.3 STREET ADDRESS				
CITY-ST-ZIP	4.4		4.4 CI	4.4 CITY-ST-ZIP			_	
TITLE		☐ DELETE	5.1 TI	TLE		С	Chang	e Addition
NAME			5.2 N	AME				
070007 1000-11			620	госст	ADDDECC			Į.

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 on an attachment with an address, with all other like empowered.

5.4 CITY- ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

Change

Addition