PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # **P95000076365**1. Corporation Name

RATLIFF INDUSTRIES, INC.

## FILED Jan 22, 1999 8:00am Secretary of State

01-22-1999 90088 003 \*\*\*150.00



Principal Place	of Business	Mailing Address			
100 WEST PINELOCH AVENUE		100 WEST PINELOCH AVENUE			·
ORLANDO FL 32806		ORLANDO FL 32806			DO NOT WRITE IN THIS SPACE
US		US			3. Date Incorporated or Qualifed
					09/29/1995
		Lo. M. Sine Address			4. FEI Number Applied For
2. Principal Pla	ace of Business	2a. Mailing Address			59-3348992 Not Applicable
21		26			\$8.75 Additional
Suite, Apt. #	t, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired Fee Required
22		27			6. Election Campaign Financing \$5.00 May Be
City & State	•	City & State			Trust Fund Contribution Added to Fees
23		Zip Country		v	8. This corporation owes the current year Intangible
Zip	Country	Zip 30	_	,	Personal Property Tax.
24	25		<u>'</u>		10. Name and Address of New Registered Agent
	9. Name and Address of Current	Registered Agent	8	1 Name	
RATLIFF, EARL					
	WEST PINELOCH AVENUE		8:	2 Street Addr	ress (P.O. Box Number is Not Acceptable)
	ANDO FL 32806		8:	3	
URL	ANDU FL 32006		"		
;			8	4 City	EI 85 Zip Code
					this etatement for the purpose of changing its registered
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	, the abo norized b	ve-named corp v the corporation	poration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered
office or re	egistered agent, or both, in the State t m familiar with, and accept the obligat	tions of, Section 607.0505, Florid	a Statute	s.	
					DATE
SIGNATURE	Signature, typed or printed name of registered agen			ent signature require	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	OFFICERS AN	D DIRECTORS	13.	<del></del>	ADDITIONS/CHANGES TO CHICAGO Change Addition
TITLE	P	☐ DELETE	1.1 TITLE		
NAME	ratliff, Earl		1.2 NAM	<b>I</b>	
STREET ADDRESS	100 WEST PINELOCH AVENUE		1.3 STRE	ET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		1.4 CITY		Change Addition
TITLE		☐ DELETE	2.1 TITLE		
NAME			2.2 NAM	1	ļ
STREET ADDRESS			2.3 STR	EET ADDRESS	
CITY-ST-ZIP		·	2.4 CIT	(-ST-ZIP	☐ Change ☐ Addition
TITLE		☐ DELETE	3.1 TITLI	I .	
NAME	l		3.2 NAM	E	ļ
STREET ADDRESS	NOTE OF THE PARTY		3.3 STR	EET ADDRESS	
CITY-ST-ZIP			3.4. CIT	r-ST-ZIP	DOL - DAddition
TITLE		☐ DELETE	4.1 TITL	E	☐ Change : '☐ Addition
NAME .	İ		4, 2 NA	Æ	
		•	4.3 STR	EET ADDRESS	
STREET ADDRESS	'			-ST-ZIP	
CITY-ST-ZIP		☐ DELETE	5.1 TITL		☐ Change ☐ Addition
TITLE		_	5.2 NAM	E	
NAME			5.3 STR	EET ADDRESS	
STREET ADDRESS	5			/-ST-ZIP	<u>.</u>
CITY-ST-ZIP	<u> </u>	☐ DELETE	6.1 TITL		Change Addition
ΠιΓΕ	1	C DECENT	6.2 NAM		
NAME				REET ADORESS	
STREET ADDRESS	6				
			E 64CIT	Y-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:

ATTIRE AND TYPES OF EPINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-99

407-858-9256 Daytime Phone # R2E034 (11/98)