

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000085217 (4)

1. Corporation Name

R.L.R. ENTERPRISES, INC.



Principal Place of Business

RT 2 BOX 4655
CRAWFORDVILLE FL 32327

Mailing Address

RT 2 BOX 4655
CRAWFORDVILLE FL 32327

3. Date Incorporated or Qualified

11/02/1995

3a. Date of Last Report

2. Principal Place of Business

21 6700 Silver Star Rd.

Suite, Apt. #, etc.

22 Suite 102

City & State

23 Orlando, FL

Zip

24 32818

Country

2a. Mailing Address

26 same

Suite, Apt. #, etc.

27 City & State

28

Zip

29

Country

30

4. FFI Number

59-3341265

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WENDELL JUDSON
RT 2 BOX 4655
CRAWFORDVILLE FL 32327

10. Name and Address of New Registered Agent

81 Name

Judson W. Russ

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

6001 Oakbend Street

83

#8303

84 City

Orlando

FL

85 Zip Code

32809

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

X

Signature typed, printed, or otherwise made permanent on this filing

Registered Agent Signature and Address (if different from above)

Date

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D
NAME
KILGORE, DARLENE R
STREET ADDRESS
5394 HWY 98
CITY-ST-ZIP
DESTIN FL 32541

TITLE ☐ DELETE

D
NAME
RUSS, JUDSON W
STREET ADDRESS
RT 2 BOX 4655
CITY-ST-ZIP
CRAWFORDVILLE FL 32327

TITLE ☐ DELETE

D
NAME
LEVI, JAMES S
STREET ADDRESS
344 LAMPLIGHTER LN
CITY-ST-ZIP
MARIETTA GA 33087

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

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SIGNATURE:

JAMES S LEVI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

500001910185
-08/01/96--01011--031
***225.00

3/9/96 (706) 8606061

CR2E034 (12/95)