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

PROFIT CORPORATION ANNUAL REPORT

1998



TEORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9600001974 (0)

RFL OF	F NORTH FLORIDA, INC.				
Principal Place of Business		Mailing Address		r angement and angles beath dibert court ander dibert a	IMIMI IINSA URIKI URBII MIMI INDI
3736 MATEO PL ORANGE PARK FL 32065		3736 MATEO PL ORANGE PARK FL 32065		DO NOT WRITE IN THIS SPACE	
1				3. Date Incorporated or Qualified	
				01/02/1996	
<del></del>	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt #. etc.		Suite, Apt #, etc		59-3382508	Not Applicable  \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zφ	Country	8. This corporation owes or has paid the o	curre it year Intangible
24	25	29	30	Personal Property Tax due June 30.	Yes No
ļ	9. Name and Address of Curre	nt Registered Agent	24	10. Name and Address of New Registere	ed Agent
YARBROUGH, DARRELL R			81 Name		
3736 MATEO PL			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
OR	ANGE PARK FL 32065		83		· · · · · · · · · · · · · · · · · · ·
			84 City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607 1508 Florida Statut	tes the above-named con		
SIGNÂTURE				poration submits this statement for the purpose tion's board of directors. I hereby accept the a	
12.	Signature, type of or printed touble of registered ag	entand tro-frepskable (NOI ND DIRECTORS	<ol> <li>Registored Agent signature requi</li> <li>13.</li> </ol>	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PD	DILLETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	YARBOUGH, DARRELL R		1.2 NAME		
STREET ADDRESS	3738 MATEO PL		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK FL		1.4 CITY - ST - ZIP		
TITLE	<del></del>	DETETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-S1-ZIP			2 4 CITY-ST-ZIP		
TITLE		☐ DELETE	31 TITLE		Change Addition
NAME			3 2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		[] (St
TITLE		☐ DELETE	4.1 10TLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY+S1-7IP TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAME		<u> Д</u> Мил.	5.2 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-SI-ZIP			54 CITY-ST-ZIP		
TITLE	<del></del>	DELFTE	61 TITLE		Change Addition
NAME			6 2 NAME		_ · · —
STREET ADDRESS			6.3 STREET ADDRESS		
J.VILL. VILLONGO			S. S. S. L. C. P. D. F. C. O.		

14. Thereby 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 is upplemental 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 trusted employed 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 or an attachment with an aidrons.

SIGNATURE:

4-3-98 900

**FILED** 

Apr 07 1998 8:00am

Secretary of State

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