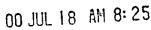
P96000015406

1. Corporation Name RDDS, INC.

Secretary of State DIVISION OF CORPORATIO NS

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160 11		ad ia es al ce ar	Obvas Is eo s Britt	81811 19158 9 511 3 9

Principal Place	of Business	Mailing Address						
775 STONEENGE WAY PALM HARBOR FL 34682		775 STONEENGE WAY PALM HARBOR FL 34682		;		DO NOT WRITE IN THIS SPACE		
		•		ŧ ŧ		3. Date Incorporated or Qualified		
				1		02/19/1996		
a Dringing Bla	ace of Business	2a. Mailing Address		7		4. FEI Number	Applied For	
- i .	ICE OF DUSTIFEES	26		`		59-3362275	Not Applicable	
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		- i		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		'		6. Election Campaign Financing	\$5.00 Мау Ве	
23		28				Trust Fund Contribution	Added to Fees	
Zip	Country	Zip 1/ 0	Coljir	ntry		8. This corporation owes the current		
24 246	83 25	29 37683 31	<u>o</u>			Intangible Personal Property. 10. Name and Address of New Regi		
	9. Name and Address of Currer	nt Registered Agent	—; †	81	Name	10. Hame and Address of from Hoge		
	pcsp./							
	BIK, DEBBY		1	82	Street Addre	ss (P.O. Box Number is Not Acceptable)	!	
	STONEHENGE WAY		ŀ	83		······································		
PALI	M HARBOR FL 34682							
			- i	- 1	City		FL 85 Zip Code	
11. Pursuant office or reagent. La	to the provisions of sections 607.050 egistered agent, or both, in the State m familiar with, and accept the oblig	22 and 607.1508, Florida Statutes, e of Florida. Such change was aut gations of, section 607.0505, Florida	the abo thorized da Statu	ve-na by th ites.	amed corporation	ation submits this statement for the purporn's board of directors. I hereby accept the	se of changing its registered e appointment as registered	
CLOSE TUDE						ed when reinstating)	DATE	
	Signature, typed or printed name of registered age	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12	
12.		DELETE	1.1 TITL				Change Addition	
TITLE	PT DEADLY DERBY !	[] 001111	1.2 I ^{NAA}	ΜĘ				
NAME	DRABIK, DEBBY J 775 STONE HENGE WAY		13SIR	EET AC	DORESS			
STREET ADDRESS	PALM HARBOR FL		1.4 CIT			<u>9000033</u>	493694 00064666006Addition	
CITY-ST-ZIP TITLE	VS	DELETE	2.1 TIT	`E		-08/08/01		
NAME	SWOAGER, RICHARD A		2.2 NA	ME		****300,	.00 ****300.00	
STREET ADDRESS	775 STONEHENGE WAY		2.3 STR	REE ^{T AD}	DRESS			
CITY-ST-ZIP	PALM HARBOR FL	<u></u>	2 4 CYT		P			
TITLE	774214 18 0-20	DELETE	3.1 TIT	LE			Change Addition	
NAME			3.2 NA	ME			•	
STREET ADDRESS			3.3 STF					
CITY-ST-ZIP			3.4 CIT		<u> </u>			
TITLE		DELETE	4.3 TIT				Change Addition	
NAME			4.2 NA		DPESS			
STREET ADDRESS					PRESS			
CITY-ST-ZIP			4.4 CI ¹		<u> </u>		Change Addition	
TITLE		DELETE	5.1 TIT				Contract Contract	
NAME			5.2 NA					
STREET ADDRESS					ADDR ^{\$S}	•		
	,		5 4 Cl	TY-ST-	ZIP——			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated a section 119.07(3)(i). Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated a 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 sighture shall have the same legal effect as if made under oath; that I am indicated on this annual report or supplemental annual report is true and accurate and that my sighture shall have the same legal effect as if made under oath; that I am indicated on this annual report or supplemental annual report is true and accurate and that my sighture shall have the same legal effect as if made under oath; that I am indicated on this annual report or supplemental annual report is true and accurate and that my sighture shall have the same legal effect as if made under oath; that I am indicated on this annual report or supplemental annual report is true and accurate and that my sighture shall have the same legal effect as if made under oath; that I am indicated on this annual report or supplemental annual report or supplemental annual report is true and accurate and that my sighture shall have the same legal effect as if made under oath; that I am indicated on this annual report or supplemental annual report or supplemental annual report is true and accurate and that my sighture shall have the same legal effect as if made under oath; that I am indicated on this annual report or supplemental annual report or s CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRE

CITY-ST-ZIP

STREET ADDRESS

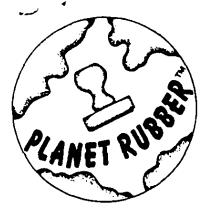
TITLE

NAME

DELETE

Change Addition

200



2620 State Road 590 Clearwater, FL 33759 (727) 669-4114 Fax (727) 791-6764 RDDS INC, DBA July 2200

Dear Kathy ashton, Request to be reinstated for 1999 +2000, Could you pleas grant me a one time weaver & late fees due to a hardship of taking care of my new ill mother, chway the princip care giver. And trying torus I business for about a year, Itamedia my best. Now my nother haspastavay. d'did not recent our 15T notice an rejection or our corporation annual report filing. Could you please grant me this one time exemption Dely XXX president