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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000020170 1. Corporation Name

RKC, INC.

FILED Feb 16, 1999 8:00am **Secretary of State**

02-16-1999 90016 028 ***150.00



Principal Plac	e of Business	Mailing Address					
273 S LAKE AVE		273 S LAKE AVE					
PAHOKEE FL 33476		PAHOKEE FL 33476		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed	N THIS SPACE	
					, ==		
					03/04/1996		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	- - 	oplied For
21		26			65-0656150		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		Additional '
22		27					<u></u>
City & Star	te	City & State			6. Election Campaign Financing		May Be
23		28		-1	Trust Fund Contribution		to Fees
Zip	Country	Zip	Cou	nury	8. This corporation owes the current y	year Intangible Yes	□No
24	25	29	30		Personal Property Tax.		
	9. Name and Address of Curre	nt Registered Agent		81 Name	10. Name and Address of New Regis	stereu Agent	
COL	NNELL, KENT C			OI Name	•		
	SW AVE B			82 Street Add	dress (P.O. Box Number is Not Acceptable))	
	LE GLADE FL 33430				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2 1 5 20 71 11 1631 1 45 1 1 5 65 1 1851
ULL	EL GLADE I E 30400			83	· · · · · · · · · · · · · · · · · · ·	名 植外国 经产品	
				84 City		85 Zip	Code
****						FL	
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statut	tes, the at	pove-named col	rporation submits this statement for the purption's board of directors. I hereby accept the	pose of changing its e appointment as re	s registered egistered
office or i	im familiar with, and accept the obliga	ations of, Section 607.0505, Flo	orida Statu	ites.			
office or agent. I a	im familiar with, and accept the obliga	ations of, Section 607.0505, Flo	orida Statu	ites.		٠.	
office or i	m familiar with, and accept the obligations of registered age	ations of, Section 607.0505, Flo	orida Statu	ites.	ired when reinstating}	DATE	·
office or agent. I a	m familiar with, and accept the obligation of th	nt and title if applicable. (NOTE	E: Registered	Agent signature requi	red when reinstating)	DATE ERS AND DIRECTO	
office or agent. I a	Signature, typed or printed name of registered age OFFICERS AND	ations of, Section 607.0505, Flo	erida Statu	Agent signature requi	ired when reinstating}	DATE	ORS IN 12
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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 employeed to secure 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: