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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90044 030 \*\*\*150.00

DOCUMEN <sup>®</sup>	T #	P960000	20656

1. Corporation Name

R. WARD ENTERPRISES, INC.

	ERITERI MOLO, MO					
Principal Place	e of Business	Mailing Address			(	1101F ##[[# B[FB] BIIF# BIII 1881
3217 SW 35TH BLVD 3217 SW 35TH BLVD						
GAINESVILLE FL 32608 GAINESVILLE FL 32608				DO NOT MOTE IN THE	CDACE	
					DO NOT WRITE IN THIS	SPACE
					3. Date Incorporated or Qualifed	
		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			03/04/1996 4. FEI Number	
2. Principal Place of Business 2a. Mailing Address					Applied For	
21		26			59-3368112	Not Applicable  \$8.75 Additional
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	Fee Required
22 City 8 Ct-4		City & State		<del></del> _	6 Sharthan Canada Sharafan	
City & State	te	28			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Coun	trv	This corporation owes the current year Int	
24	25	29	30	•	Personal Property Tax.	☐Yes ☐No
24	9. Name and Address of Currer		1001		10. Name and Address of New Registered	Agent
			8	11 Name		
WAR	rd, russell d		-	12 00 00 00	(D.O. Day Number is Net Apportable)	
	7 SW 35TH BLVD		ľ	Street Addre	ess (P.O. Box Number is Not Acceptable)	
GAIN	NESVILLE FL 32608		1	13		
			{	City	FL	85 Zip Code
office or r agent. I a	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obligation of the obligatio	22 and 607.1508, Florida Statul of Florida. Such change was a ations of, Section 607.0505, Flo	tes, the abo authorized I orida Statut	ove-named corpo by the corporations.	oration submits this statement for the purpose of in's board of directors. I hereby accept the appoi	Intment as registered
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE	: Registered A	gent signature required		
	Signature, typed or printed name of registered age OFFICERS AN	ent and title if applicable. (NOTE ND DIRECTORS	: Registered A	gent signature required		ND DIRECTORS IN 12
		<u></u>			when reinstating) DATE	
12.	OFFICERS AN	ND DIRECTORS	13.		when reinstating) DATE	ND DIRECTORS IN 12
12.	D WARD, RUSS	ND DIRECTORS	13. 1.1 TITU 1.2 NAM		when reinstating) DATE	ND DIRECTORS IN 12
12. TITLE NAME	OFFICERS AND WARD, RUSS	ND DIRECTORS	13. 1.1 TITU 1.2 NAM 1.3 STRI	E	when reinstating) DATE	ND DIRECTORS IN 12 Change Addition
12. TITLE NAME STREET ADDRESS	OFFICERS AND WARD, RUSS 3217 SW 35TH BLVD	ND DIRECTORS	13. 1.1 TITU 1.2 NAM 1.3 STRI	E EET ADDRESS -ST-ZIP	when reinstating) DATE	ND DIRECTORS IN 12
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D WARD, RUSS 3217 SW 35TH BLVD GAINESVILLE FL 32608	ND DIRECTORS	13. 1.1 TITLI 1.2 NAM 1.3 STRI 1.4 CITY	E EET ADDRESS -ST-ZIP	when reinstating) DATE	ND DIRECTORS IN 12 Change Addition
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CITY-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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CR2E034 (11/98)