Applied For

\$8.75 Additional

Fee Required

Not Applicable

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

DOCUMENT # P96000025964

1. Corporation Name RODAY, INC.

Principal Place of Business 3637 HWY 231 PANAMA CITY FL 32404

2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address

2672 FEROL LANE LYNN HAVEN FL 32444

2a. Mailing Address

Suite, Apt. #, etc.

26

US

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90141 031 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

03/25/1996 4. FEI Number

59-3367096

22		21								
City & Sta	\$ State		City & State		6. Election Campaign Fina Trust Fund Contribution	ncing ~ _	\$5.00 Added to	•		
Zip	Country		Zip	30	Country	•••	This corporation owes the Personal Property Tax.	e current year l		□No
24	25	29					10. Name and Address of	New Penietere		
	9. Name and Address of Curr	rent Kegis	sterea Agent		81	Name	10. Name and Address of	New Registerer	1 Agent	
90	OFIELD BOYCE				["	Tearlie				
SCOFIELD, ROYCE 2672 FEROL LANE					82	Street Ad	dress (P.O. Box Number is Not A	cceptable)		
LYNN HAVEN FL 32444										
LII	NIN FIAVEN FL 32444				83					
					84	City			85 Zip C	ode
						,		F		
office or agent. I	nt to the provisions of Sections 607.0 registered agent, or both, in the Sta am familiar with, and accept the obli	ite of Flori	ida. Such char	nge was auth	onzed by	the corpora	rporation submits this statement ution's board of directors. I hereby	for the purpose or accept the app	of changing its pintment as reg	registered jistered
SIGNATURE	Signature, typed or printed name of registered a	oent and title	if applicable.	(NOTE: Re	gistered Agen	t signature requ	ired when reinstating)	DATE		
12.	OFFICERS				13.		ADDITIONS/CHANGES	O OFFICERS	ND DIRECTO	RS IN 12
TITLE	D)ELETE	1.1 TITLE		P		A Change	Additio
NAME	SCOFIELD, ROYCE				1.2 NAME		Scofield, Royce			
STREET ADDRESS	2074 55001 1415				1.3 STREET	ADDRESS	2672 Ferol Lane		•	
CITY-ST-ZIP	LYNN HAVEN FL 32444				1.4 CITY-ST	T-ZIP		21.1.1		
TITLE	D			DELETE	2.1 TITLE		Lynn Haven, FL 3	2444 -	Change	☐ Additio
NAME	SCOFIELD, DAVID D.				2.2 NAME	- 1	Scofield, David D		21	
STREET ADDRESS	000 1 18181 001				2.3 STREET	ADDRESS	,	•		
	PANAMA CITY FL				2. 4 CITY-S		3637 Highway 231	22/0/		
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NAME						T ADODESO				
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CITY-ST-ZIP				SELETE	EATITIE				☐ Change	[_]
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TITLE NAME				DELETE	5.2 NAME	[ADDPESS			☐ Change	
TITLE NAME STREET ADDRES	15	·		DELETÉ	5.2 NAME 5.3 STREET				☐ Change	
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TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE					5.2 NAME 5.3 STREET 5.4 CITY-S' 6.1 TITLE	T-ZIP				☐ Additio

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 ar 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.