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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000029182 (8)

R & R CONSTRUCTION OF DEFUNIAK SPRINGS INC.

## FILED May 01 1998 8:00am Secretary of State

Principal Place of Business		Mailing Address			4 TAMILEMAN HIN SALISE MILILL MANIN WANT WATCH WATCH NIGHT NIGHT SALIS IS SEE IT SEE		
3094 CORBIN	GAINEY ROAD	3094 CORBIN-GAINEY ROAD					
DEFUNIAK SP	RINGS FL 32433	DEFUNIAK SPRINGS FL 3			DO NOT INDEED IN	THE COACE	
,					DO NOT WRITE IN 1  3. Date Incorporated or Qualified	NIO OFAUE	
					03/27/1996		
2. Principal P	lace of Business	2s. Mailing Address			4. FEI Number	Applied For	
	Corbin Gainey Rd	<u> </u>	nGair	ey Rd.	59-3173597	Not Applicable	
Suite, Apt.		Suite, Apt. #, etc.			\	\$8.75 Additional	
22 DeFur	niak Springs, FL.	27 DeFuniak	Sorin	as. FL	5. Certificate of Status Desired	Fee Required	
City & State	6	City & State			6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Count	•	8. This corporation owes or has paid th		
24 3243	33 25 Walton  9. Name and Address of Current		30 Wal	ton	Personal Property Tax due June 30.  10. Name and Address of New Registe	Yes X No	
		negisteren Agent	<u>_</u>	1 Name	10. Marine and Address of New Registe	nea văeur .	
INFINGER, RICK				1			
3094 CORBIN-GAINEY ROAD			В	2 Street Addr	ress (P.O. Box Number is Not Acceptable)		
UE	FUNIAK SPRINGS FL 32433		8	3			
				1			
			8	4 City		85 Zip Code	
11. Puteuant	to the provisions of Sections 607 04/02	and 607 1508. Florida Statute	is the abo	ve-named corn	poration submits this statement for the purpo	se of changing its registered	
	egistered agent, or noth, in the State C im familiar with, and accept the obligat	ii Florida, Such change was at lions of, Section 607.0505, Flor 	umorized rida Statut	oy the corporati es.	ion's board of directors. I hereby accept the	appointment as registered	
SIGNATURE	Signature, typed or printed name of registered agent	and their applicable (NOTE	Registered A	geni signature requir	red when reinstating) DA	ATE.	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	P	DELETE	1 1 TITLE			☐ Change ☐ Addition	
NAME	INFINGER, RICK		1.2 NAM				
STREET ADDRESS	3094 CORBIN-GAINEY ROAD		1.3 STRE	ET ADDRESS			
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433		1.4 CITY				
TITLE	8	DELETE	2.1 TITLE			Change Addition	
NAME	INFINGER, VIRGINIA		2.2 NAM	1			
STREET ADDRESS	3094 CORBIN-GAINEY ROAD		2.3 STRE	ET ADDRESS			
CITY - ST - ZIP	DEFUNIAK SPRINGS FL 32433		2. 4 CITY				
TITLE	V	DELETE	3.1 TITLE	i		☐ Change ☐ Addition	
NAME	INFINGER, RANDY		3.2 NAM				
STREET ADDRESS	3094 CORBIN-GAINEY RD		3.3 STRE	et address			
CITY-ST-ZIP	DEFUNIAK SPRINGS FL		3 4. CITY				
TATE	T	DELETE	4.1 TITLE			Change Addition	
NAME	THOMAS, FOREMAN		4. 2 NAM	1			
STREET ADDRESS	3094 CORBIN-GAINEY RD		4.3 STRE	ET ADDRESS			
CITY - ST - ZIP	DEFUNIAK SPRINGS FL	<b>pill</b> ,	4.4 CITY				
TITLE		DELETE	5.1 TITLE			Change Addition	
NAME			5.2 NAM	:			
STREET ADDRESS			5.3 STRE	ET ADDRESS			
CITY-ST-ZIP		-,	5.4 CITY			<u></u>	
TITLE		DELETE	6.1 TITLE			Change Addition	
NAME			62 NAM				
STREET ADDRESS			63 STRE	ET ADDRESS			
COTY+ST-7IP			64 CITY	-ST-7IP			

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 trusted 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.

SIGNATURE: \*\*LUMY\*\*O \*\*MY\*\*ONATURE\*\*