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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## FILED Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90117 044 \*\*\*150.00

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1. Corporation Name

RADS AND REMS, INC.

Principal Place	e of Business	Mailing Address			f (BBitBbi the idita distrance in			(1111 0101 1001
20850 NW 13TH STREET 20850 NW 13TH STREET								
DUNNELLON FL 34431 DUNNELLON FL 34431				DO NOT WE	DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed	IE IN IMIS SI	ACE	
	N	7. Molling Address			04/03/1996 4. FEI Number		ΙΔn	plied For
2. Principal Place of Business 2a. Mailing Address								t Applicable
26				59-3377259		\$8.75 A		
Suite, Apt. #, etc.				5. Certifcate of Status Desired	Ò	Fee Re	<b>I</b>	
22     27				O. Elective Opennion Financia		\$5.00	<del>`</del>	
City & State	.6	<b>⊢</b> ′			6. Election Campaign Financing Trust Fund Contribution		Added t	
Zip	Country	Zip	Country	,	8. This corporation owes the curr	ent vear Intan		
	25	29 3	<sup>-</sup>	•	Personal Property Tax.		Yes	□No
24	9. Name and Address of Curre		9		10. Name and Address of New I		<u> </u>	
<u> </u>	J. Hame and Addition of Garie		81	Name				
NELS	SON, JOHN A		<u> </u>					
	B HIGHWAY 44 WEST		82	Street Ad	dress (P.O. Box Number is Not Accept	able)		
	ERNESS FL 34453		83					
		•						
_			84	City		Fi	85 Zip C	Code
44 Dumuent	to the provisions of Sections 607.05	02 and 607 1508 Florida Statutes	the abov	e-namedico	rporation submits this statement for the	burpose of ch	anging its	registered
office or r	registered agent or both in the State	of Florida, Such change was auti	honzed by	r the corbora	tion's board of directors. I hereby accept	of the appointment	nent as re	gistered
agent, I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Florid	ia Statutes	š.				
1 *								
SIGNATURE					virud when reinstating)	DATE		
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE: R	egistered Age		iired when reinstating)  ADDITIONS/CHANGES TO OF	DATE FICERS AND	DIRECTO	RS IN 12
SIGNATURE	Signature, typed or printed name of registered ag OFFICERS A					FICERS AND	DIRECTO	RS IN 12
SIGNATURE  12.  TILE	Signature, typed or printed name of registered ag OFFICERS A	ent and title if applicable. (NOTE: R	egistered Age 13. 1.1 TITLE			FICERS AND		
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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 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.

SIGNATURE

E AND TYPED OR PRINTED NAME OF SIGNING OFFICE

March 3/1999

352-489-565 Z Daytime Phone #