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 # P9600034407 (2)

R.L. MCDANIEL ENTERPRISES, INC.

Principal Place of Business Mailing Address

9252 SAN JOSE BLVD.. NO. 701

9252 SAN JOSE BLVD.. NO. 701

1ACKSONVILLE EL 32217

FILED Apr 10 1998 8:00am Secretary of State



US					JACKSONVILLE PL 32217						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified								
									3.										
										ŀ	04/19/1996								
2. Principal Place of Business					2a. Mailing Address					4.	4. FEI Number					Applied For			
21					26							59-337	78502					No	t Applicable
Suite, Apt. #, etc.					Suite, Apt. #, etc.						Cel	rtificate o	of Statu	e Desire					Additional
22				27							Timouto (olulu.				F	ee Re	quired	
City & State					City & State					6.	Ele	ection Ca	mpaign	Financ	ing		\$!	5.00	May 8e
23				28							Tru	ist Fund	Contrib	ution		<u> </u>	A	dded t	o Fees
Zip	. `				Zip Countr											_ ~			
25 9. Name and Address of Currer			29 32257 30				Personal Property Tax due June 10. Name and Address of New Rec												
							81	a	Nones	10.	Ne	me and	Addres	S OT N	ew Heç	JISTEFEG	Agent		
			ACDONALD & V		S, P.A.		"	' '	Name										
50 N. LAURA STREET, SUITE 3100 JACKSONVILLE FL 32202								2 3	Street A	Address (P	P.O.	Box Nun	nber is	Not Acc	ceptabl	ie)			
JA	CKSONVIL		83																
									'										
							84	4 (City					·			85	Zip (Code
																FL		·	
11. Pursuant t	o the provis	sions of	Sections 607.0502	2 and 0	607.1508, Florida Stat rida. Such change was	utes, the	abov	ve-r	named o	corporation	n su	bmits th	s state	nent fo	r the pi	urpose o	of chan-	ging it:	s registered
agent. I ar	n fa miliar w	ith, and	accept the obliga	tions	of, Section 607.0505, I	Florida S	Statute	95.	ne corpe	O BION 3 D	Joan	u or unc	Ciora. I	Погору	ассор	t trio dipi	POINTIN	24 IC 03	rogistorea
SIGNATURE																			
	Signature, typed	d or printed	name of registered ager					gent :	signature re	required when						DATE			
12.			OFFICERS AND	DIRE			3.				ADD	NS/OITIC	CHANG	ES TO	OFFIC	ERS AN			
TITLE	D				☐ DELETE	1.	1 TITLE											nange	□ Addition
NAME :			ELEN BONNER			1.	2 NAME												
STREET ADDRESS CITY-ST-7IP 9252 SAN JOSE BLVD., NO. 7 JACKSONVILLE FL					01			1.3 STREET ADDRESS											
CITY-ST-ZIP	JACKS	ONVILL	E FL			1.	4 CITY-	ST - 2	ZIP							32	257		<u></u>
TITLE					DELETE	2.	1 TITLE										L C	hange	Addition
NAME						2.	2 name												
STREET ADDRESS						2.	3 STREE	T AD	DORESS										
CITY-ST-ZIP						2.	4 CITY-	-ST-	ZIP										
TITLE	 ;				☐ DELETE	3.	1 TITLE										☐ C	nange	Addition
NAME						3.	2 NAME												
STREET ADDRESS						3.	3 STREE	T AD	DDRESS										
CITY-ST-ZIP	•					3.	4. CITY-	- ST-	ZIP										
TITLE					L DELETE	4.	1 TITLE										C	nange	Addition
NAME						4.	2 NAME	E											
STREET ADDRESS						. 4.	3 STREE	ET AD	ODRESS										
CITY-ST-ZIP						4.	4 CITY-	ST - 2	ZIP										
TITLE	· 				DELETE	_	1 TITLE			 , •-•		····					C	nange	Addition
NAME						5.	2 NAME												
STREET ADDRESS						5.	3 STREE	ET AD	ODRESS										
CITY-ST-ZIP							4 CITY-		- 1										
TITLE					DELETE		1 TITLE										CI	nange	Addition
NAME					_		2 NAME											•	
STREET ADDRESS			•				3 STREE		ODRESS										
CITY-ST-ZIP							4 CITY-												
14. I hereby c	ertify that th	ne inform	nation supplied wi	th this	filing does not qualify	for the	exemi	ptio	n stated	d in Sectio	on 1	19.07(3)(i), Flori	da Stati	utes. I f	urther ¢	ertify th	at the	information
indicatéd :	on this anni	oger fau	rt or supplementa	annu	ual report is true and a or trustee empowered to	ccurate	and th	hat:	my sian	nature shal	all ha	ave the s	ame led	ial effec	ct as if	made ur	nder oa	ith: tha	at I am an
					nt with an address.	- 0x60U		, 10)	port (13 1	roquirou o	., o	aptor U	5,,1101	.au oia	, 6	. Re triul	y rica	.~ up	2000 111