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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF COHPORATIONS

## DOCUMENT # P96000041147 (5)

R B SALES AND SERVICES, INC.

Principal Place of Business Mailing Address 5002 NORMANDY BLVD. 5002 NORMANDY BLVD. JACKSONVILLE FL 32205-4824 Jacksonville Fl. 32205 3. Date Incorporated or Qualified 3a. Date of Last Report 06/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-3382496 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intengible tax under s. 199.032, Yes 24 25 29 Florida Statutes 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BATRONI, RANDOLPH **5002 NORMANDY BLVD** Street Address (P.O. Box Number is Not Acceptable) R2 JACKSONVILLE FL 32205 63 84 City Zip Code 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS (96/6)13. DELETE Change Addition TITLE 1.1 101.6 BATRONI, RANDOLPH NAME 1.2 NAME **CR2E034** 5002 NORMANDY BLVD. STREET ADDRESS 13 STREET ADDRESS JACKSONVILLE FL 32205 CITY-ST-ZIP 14 CITY-ST-7IP DELETE Change Addition TITLE 21 THLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - \$1 - ZIP DELETE Addition Change TITLE 3.1 THILE **3.2 NAME** STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. C(1) - S1 - Z(P DELETE Addition 4.1 TITLE TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CHY - S1 - 7IP DELETE Change 5.1 TITLE Addition NAME 5.2 NAM0 STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE GUITHTLE 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. I do 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 logal effect as if made under eath; that I am an officer or director of the copporation 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.

6.4 CHY-S1-7F

SIGNATURE: FRANCICH BATTLE

CITY-ST-ZIP

4-29-97

1904) 786-0110

**FILED** 

May 14 1997 8:00am

Secretary of State