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Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90087 048 ***150.00

**PROFIT
 CORPORATION
 ANNUAL REPORT
 1999**



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96 0000 82656 (5)

1. Corporation Name

R. D. L. INC.

Principal Place of Business

Mailing Address

337 Waters Edge Dr. So. 337 Waters Edge Dr. So.
 Ponte Vedra Bch, Fl. 32082 Ponte Vedra Bch, Fl.
 32082

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/7/1996

4. F.I. Number

59-3413075

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation owes the current year intangible
Personal Property Tax☒ Yes ☐ No

10. Name and Address of New Registered Agent

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

24. Country

28. Zip

29. Country

9. Name and Address of Current Registered Agent

Livesay, Robert D.
 337 Waters Edge Dr. So.
 Ponte Vedra Bch, Fl. 32082

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL 32082 Zip Code

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, Sections 607.0505, Florida Statutes.

SIGNATURE

Signature is typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature is required when transferring)

NAME

12. OFFICERS AND DIRECTORS

12.1 NAME ☐ DELETE
 DP
 Livesay, Robert D.
 STREET ADDRESS 337 Waters Edge Dr. So.
 CITY-STATE-ZIP Ponte Vedra Bch, Fl. 32082
 TITLE DST ☐ DELETE
 NAME Livesay, Patricia A.
 STREET ADDRESS 337 Waters Edge Dr. So.
 CITY-STATE-ZIP Ponte Vedra Bch, Fl. 32082
 TITLE DVP ☐ DELETE
 NAME PENN, James S.
 STREET ADDRESS 337 Waters Edge Dr. So.
 CITY-STATE-ZIP Ponte Vedra Bch, Fl. 32082 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 NAME ☐ Change ☐ Addition
 13.2 NAME
 13.3 STREET ADDRESS
 13.4 CITY-STATE-ZIP
 13.5 TITLE
 13.6 NAME
 13.7 STREET ADDRESS
 13.8 CITY-STATE-ZIP
 13.9 TITLE
 13.10 NAME
 13.11 STREET ADDRESS
 13.12 CITY-STATE-ZIP
 13.13 TITLE
 13.14 NAME
 13.15 STREET ADDRESS
 13.16 CITY-STATE-ZIP
 13.17 TITLE
 13.18 NAME
 13.19 STREET ADDRESS
 13.20 CITY-STATE-ZIP
 13.21 TITLE
 13.22 NAME
 13.23 STREET ADDRESS
 13.24 CITY-STATE-ZIP
 13.25 TITLE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information
 indicated on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. 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 Received Time Apr. 14. 1:50PM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR NOTARY

R. D. L. 4-29-99

CR2E034 (11-98)