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 CORPORATIONS

POCUMENT # P96000082663 (1)

R&LINC.

Principal Place of Business Mailing Address 2250 TYRONE BLVD. 2250 TYRONE BLVD ST. PETERSBURG FL 33710 ST. PETERSBURG FL 33710-4026 3. Date Incorporated or Qualified 3a. Date of Last Report 10/03/1996 2a. Mailing Address 2. Principal Place of Business Applied For 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 30 Florida Statutes Yes ☐ No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 BAUTISTA, RUDY D 9720 94TH STREET NORTH **B2** Street Address (P.O. Box Number is Not Acceptable) SEMINOLE FL 33777 83 84 City 85 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 cm familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, lyped or printed name of registered agent and title if applicable (NOTE: Registered Agent signature regulred when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)DELETE Change TITLE 1.1 TITLE BAUTISTA, RUDY D NAME 1.2 NAME 9720 94TH ST NORTH STREET ADDRESS 1.3 STREET ADDRESS SEMINOLE FL 33777 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE BAUTISTA, LUCITA F NAME 2.2 NAME 9720 94TH ST NORTH STREET ADDRESS 2.3 STREET ADDRESS SEMINOLE FL 33777 City ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 31 HILE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-7IP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME **STREET ADORESS** 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CHY-S1-ZIP DELETE Change Addition TITLE 5 1 1IILE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 61 DILE

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 legal effect as if made under eath; 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 1

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.2 NAME

NAME

STREET ADDRESS

CITY-ST-ZIP

01111113/10197

(812) 1381-2168

FILED

Apr 03 1997 8:00am

Secretary of State