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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Feb 01, 1999 8:00am

Secretary of State

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700003268 RIGHT-OF-WAY, INC.							02-01-1999 90013	014 ***15	0.00	
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Principal Place of Business Mailing Address								FIIC RAISH ARSIL	66108 (11(8 11610 I	0 FI W 1 (0 1) 1 (0)
253 BOCA CIEGA DR 253 BOCA CIEGA DR					-	·				
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ST. PETERSBURG FL 33708 ST. PETERSBURG FL 33708				} ·			DO NOT WRITE IN THIS SPACE			
							Date Incorporated or Qualifed 01/13/1997	• • •		
Principal Place of Business 2a. Mailing Address			•			4. F	El Number		App	olied For
21		26	26				5-0728034		Not	Applicable
Suite, Apt. #, etc. Suite, Apt.			pt. #, etc.				Sautificate of Status Desired	<u> </u>	\$8.75 A	dditional
22	27				5. 0	5. Certificate of Status Desired Fee Required				
_City & State City & State			لىخات خال <i>ىتىلىتى بار</i> ادامة			6. E	lection Campaign Financing		\$5.00	May Be
23	28						rust Fund Contribution	. ⊔	Added to	Fees
Zip	Country	Zip	Country			8. T	his corporation owes the cur	rent year Int		
24	25 29			30			Personal Property Tax.			□No .
9. Name and Address of Current Registered Agent 81 Name						10. N	10. Name and Address of New Registered Agent			
ERICKSON, ROBERT 253 BOCA CIEGA DR				01	Name		•			
				82	82 Street Addres). Box Number is Not Accept	able)		,
ST. PETERSBURG FL 33708				<u>'</u>			. 19.4171 And Thermody Charles	5 (. 46 C. 7 . 67)	arreacar, or	2 4 after 16 (gg
on i cichopono i c obioo			•	83						
				84	City				85 Zip C	ode
Ach Berne en e		tera present for a section		Ш	<u>;</u> .	• •			•	
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obligations.	2 and 607.1508, Florida Statut of Florida. Such change was a tions of, Section 607.0505. Flo	es, the a uthorize rida Stat	bove d by t utes.	e-named c the corpor	orporation s ation's boar	submits this statement for the rd of directors. I hereby acce	purpose of pt the appoi	changing its i ntment as reg	registered jistered
SIGNATURE									٠.	. '
SIGNATURE	Signature, typed or printed name of registered agen	it and title if applicable. (NOTE	: Registered	i Agent	t signature rec	uired when reins	stating) + 1 -> .	DATE		·
12.	OFFICERS AN	D DIRECTORS	13.			AD	DITIONS/CHANGES TO OF	FICERS AN	ID DIRECTO	RS IN 12
TITLE	D DELETE			1.1 TITLE			60°20028		Change	☐ Addition
NAME .	ERICKSON, ROBERT			1.2 NAME						
STREET ADDRESS	• • • • • • • • • • • • • • • • • • •			1.3 STREET ADDRESS						
CITY-ST-ZIP ST. PETERSBURG FL 33708			1.4 C	1.4 CITY-ST-ZIP						
TITLE	** .	☐ DELETE	2.1 TI	TLE					☐ Change	Addition
NAME			2.2 N	AME	ŀ		·	•		
STREET ADDRESS			2.3 S	2.3 STREET ADDRESS			•		•	٠
CITY-ST-ZIP	TY-ST-ZIP <u>\$1.77.0000 No.0000000000000000000000000000000</u>			2. 4 CITY-ST-ZIP				•		{
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STREET ADDRESS	ACTOR CONTRACTOR STATE CONTRACTOR		3.3 \$	TREET	ADDRESS		1. 5.53-1947-1851	e gga asa	35. 77 c	e' Th (55)
CITY-ST-ZIP	iTY-ST-ZIP			3.4. CITY-ST-ZIP					等等等	"" " " " " " " " " " " " " " " " " " "
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NAME	en i		4. 2 N	AME	1					
STREET ADDRESS				REET	ADDRESS					

6.4 CITY-ST-ZIP CITY-ST-ZIP 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.

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

PERSON CORP. IN

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAMÉ

ΠLE

NAME

☐ DELETE

DELETE

☐ Change

Change

☐ Addition

Addition

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