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**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

**FILED** 

Feb 19 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P9700006311 (9)

R. L. & T. ENTERPRISES, INC.

officer or director of the corporation or the received Block 12 or Block 13 if changed, offer an all of

| Principal Plac   | e of Business                          | Mailing Address                     |                         |   | I 1001/1003 1/10 (A14) 1001/1 001/1 001/1 A01/1                  | A <b>Va</b> iri <b>da</b> in direg align air | å8                    |  |
|--|--|-------------------------------------|-------------------------|---|--|--|-----------------------|--|
| 9200 BONITA BEACH ROAD<br>SUITE 208  |  | 9200 BONITA BEACH ROAD<br>SUITE 208 |                         |   | DO NOT WRITE   | DO NOT WRITE IN THIS SPACE                   |                       |  |
| BONNA SPHI   | NGS FL 34135                           | BONITA SPRINGS FL 34135             |                         |   | 3. Date Incorporated or Qualified                                |  |                       |  |
|  |  |                                     |                         |   | 01/22/1997   |  |                       |  |
| 2. Principal P   | lace of Business                       | 2a. Mailing Address                 |                         |   | 4. FEI Number  | Ar   | pplied For            |  |
| 21   |  | 26                                  |                         |   | 59. 3422461  |  | ot Applicable         |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.                 |                         |   | 5. Certificate of Status Desired                                 | Fee Re                                       | Additional<br>equired |  |
| City & State   |  | City & State                        | 28                      |   | 6. Election Campaign Financing Trust Fund Contribution           |  | May Be<br>to Fees     |  |
| Zip  |  |                                     | Country                 | <del></del>   | 8. This corporation owes or has paid the current year Intangible |  |                       |  |
| 24   | 25                                     | 29                                  | 30                      |   |  | Personal Property Tax due June 30.  Yes No   |                       |  |
|  | g. Name and Address of Curre           | nt Registered Agent                 |                         |   | 10. Name and Address of New Reg                                  | Istered Agent                                |                       |  |
| HO   | OLEY, JOHN                             |                                     | 81                      | Name  |  |  |                       |  |
| 4532 TAMIAMI TRAIL EAST  |  |                                     | 82                      | 82 Street Address (P.O. Box Number is Not Acceptable) |  |  |                       |  |
|  | ITE 401                                |                                     | 83                      | <del> </del>  |  |  |                       |  |
| NA   | PLES FL 33962                          |                                     |                         |   |  |  |                       |  |
|  |  |                                     | 84                      | City  |  | FL 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 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  |  |                                     |                         |   |  |  |                       |  |
| SIGNATURE Signature, typed or printed name of registered agent and lifte if applicable (NOTE: Registered Agent signature required when reinstating)  DATE  |  |                                     |                         |   |  |  |                       |  |
| 12.  |  | D DIRECTORS                         | 13.                     | - Egnature  | ADDITIONS/CHANGES TO OFFICE                                      |  | 3S IN 12              |  |
| TITLE  | P                                      | DELETE                              | 1.1 TITLE               |   | Sector Any   | Change                                       | Addition              |  |
| NAME   | BARRETT, W. THOMAS III                 |                                     | 1.2 NAME                |   | JOH MONEY That Car   | r suste 40                                   |                       |  |
| STREET ADDRESS 10630 WOOD IBIS AVENUE, SE  |  |                                     | 1.3 STREET              | ADDRESS   | MP mm I dimittagt  | - •  | •                     |  |
| CITY-ST-ZIP  | <b>BONITA SPRINGS FL 33923</b>         | _                                   | 1.4 City-5              | T-ZIP   | NAPLUS PL 83962  | <b>,</b>                                     |                       |  |
| TITLE  | V                                      | DELETE                              | 2.1 TITLE               |   | DIBUTTUR Y CHAIRMAN  | Change                                       | Addition Addition     |  |
| NAME   | Breedlove, James L                     |                                     | 2.2 NAME                |   | Do WHIAM TO BARRETT  |  |                       |  |
| STREET ADDRESS   | 15076 PALMWOOD ROAD                    |                                     | 2.3 STREET              | ADDRESS   | BOSE LAN WASHIN DE   |  |                       |  |
| CITY-ST-ZIP  | PALM BEACH GARDENS FL                  |                                     | 2. 4 CITY - :           | T-ZIP   | Unplus, PL 84105   |  |                       |  |
| TITLE  | \$T                                    | DELETE                              | 3.1 TITLE               |   | Amelando Director  | Change                                       | Addition              |  |
| NAME   | GRADY, ROBERT A                        |                                     | 3.2 NAME                |   | Emoles & BASSETT   |  |                       |  |
| STREET ADDRESS   | 27227 PULLEN AVENUE, UN                | IT A-22                             | 3.3 STREET              | ADDRESS   | BOSE LANGAGREDA  |  |                       |  |
| CITY-ST-ZIP  | BONITA SPRINGS FL 33923                |                                     | 3.4. CITY - :           | T-ZIP   | NAPLUS EL 84108  |  |                       |  |
| TITLE  |  | L DELETE                            | 4.1 TITLE               |   | Diserton   | ☐ Change                                     | Addition              |  |
| NAME   |  |                                     | 4. 2 NAME               |   | Departe neser  |  |                       |  |
| STREET ADDRESS   |  |                                     | 4.3 STREET              |   | Naples, FL 34103   |  |                       |  |
| CITY-ST-ZIP  |  | DELETE                              | 4.4 CITY - S            | [-ZiP   | NAPIES, FE 34/03   | Change                                       | Addition              |  |
| TITLE  |  | □ becci€                            | 5.1 TITLE               |   |  | Li change                                    | ☐ Audition            |  |
| NAME   |  |                                     | 5.2 NAME                | 1000000   |  |  |                       |  |
| STREET ADDRESS   |  |                                     | 5.3 STREET              |   |  |  |                       |  |
| CITY-ST-ZIP<br>TITLE   |  | DELETE                              | 5.4 CITY-S<br>6.1 TITLE | 1-ZIP   |  | ☐ Change                                     | Addition              |  |
| NAME   |  |                                     | 6.2 NAME                |   |  | crange                                       |                       |  |
| STREET ADDRESS   | •                                      |                                     | 6.3 STREET              | <b>TUDBEGG</b>  | 1  |  |                       |  |
| CITY-ST-ZIP  | £                                      |                                     | 6.4 CITY - S            |   |  |  |                       |  |
|  | ertify that the information supplied v | vith this filing does not qualify t |                         |   | ed in Section 119.07(3)(i), Florida Statutes. I fu               | urther certify that the                      | information           |  |
| 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida Statutes. I further certify that the information indicated on this annual report or suppliemental agricular 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 |  |                                     |                         |   |  |  |                       |  |