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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000017137 (5)

R & D INDUSTRIES, INC. OF SOUTH FLORIDA

Principal Place of Business Mailing Address ATHA ORTH RT N SELE KINGSBORO DE N

FILED May 07 1998 8:00am Secretary of State



ST PETERSBURG FL 33708		ST. PETERSBURG FL 33702			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified		
					02/24/1997		
2. Principal	Place of Business	2a. Mailing Address			4. FEI Number Apr	lied For	
21		26			59-3427533 Not	Applicable	
Suite, Apt. #, otc		Suite, Apt #, etc.				sired S8.75 Additional Fee Required	
City & Sta 23	city & State					\$5.00 May Be Added to Fees	
Zip	Country	Ζφ	Zip Country		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 Curren	t Registered Agent			10. Name and Address of New Registered Agent		
C	LEMONS, DEBRA A		B.	Name			
8518 KINGSBORO DR N			8:	2 Street	Address (P.O. Box Number is Not Acceptable)		
S	T PETERSBURG FL 33702		8:	3			
			84	City	 85 Zp C	ode	
l				",	FL T	İ	
11. Pursuan office or agent. I	t to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the oblig-	2 and 607-1508, Florida Statut of Florida: Such change was a ations of, Section 607.0505, Florida ations of Section 607.0505, Florida	es, the abor authorized b orida Statute	ve-named by the corp as.	corporation submits this statement for the purpose of changing its poration's board of directors. I hereby accept the appointment as re-	registered øgistered	
SIGNATURE	Signature, typical or printed name of regulation age	ed avert tillout apply acid. (NOT	E Registered A	gent signature	required when reinstating) DATE		
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	IN 12	
TITLE	PT	DELETE	1 1 TITLE		Change	Addition	
NAME	CLEMONS, DEBRA A		1 2 NAME				
STREET ADDRESS	6518 KINGSBORO DR N		1.3 STREE	T ADDRESS		li	
CITY-ST-ZIP	ST PETERSBURG FL 33702		1.4 CITY-	ST-ZIP			
TITLE	VS DELETE		2.1 DFLE		☐ Change	Addition	
NAME	OLSEN, RODERICK P		2 2 NAME				
STREET ADDRESS	,		2.3 STREE	T ADDRESS		- \	
CITY-ST-ZIP	ST PETERSBURG FL 33702		2 4 CITY	- \$1 - ZIP			
TITLE		☐ DELETE	3 1 111LE		☐ Change	☐ Addition	
NAME			3 2 NAME			ļ	
STREET ADDRESS			3 3 STAER	T ADDRESS		1	
CITY-ST-ZIP	<u></u>		3.4. CITY	ST-21P		1	
TITLE	1	DELETE	4.1 TILLE		Change	☐ Addition 】	
NAME			4 2 NAMI				
STREET ADDRESS				1 ADDRESS			
CITY-ST-ZIP		DELETE	4.4 CITY	ST- ZIP	Change	Addition	
TITLE		[_] DELETE	5.1 TITLE			L_ Addition	
NAME			5.2 NAME			-	
STREET ADDRESS				T ADDRESS			
CFTY-ST-ZIP		DELETE	5.4 C/TY-	ST-ZIP	Change	Addition	
TITLE		בן טננונ	6 1 TITLE				
HAME			6.2 NAME	i			
STREET ADDRESS			1	T ADDRESS			
CITY-ST-ZIP	certify that the information supplied w	ith this filmer done not qualify for	6.4 CITY		od in Section 119 07(3)(i) Florida Statutes I further certify that the in	pformation	

r merely verify may the minormation supplied with this billing does not qualify for the exemption stated in Section 1.19.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report is reported and a courage and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of this corporation or the receiver or trustice 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

SIGNATURE:

Quera a clam

4/29/98

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