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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000018958

1. Corporation Name

R AND R COMPUTER SERVICES, INC.

Principal Place of Business	
316 HAVERIAKE CIR	

Mailing Address

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90178 042 ***150.00



316 HAVERLAKE CIR APOPKA FL 32712 APOPKA FL 32712 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 03/01/1997 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 59-3435397 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing \square . Added to Fees Trust Fund Contribution 23 28 Country Zip Country Zip This corporation owes the current year Intangible Personal Property Tax. 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 RIDEOUT, SUSAN M Street Address (P.O. Box Number is Not Acceptable) 316 HAVERLAKE CIR APOPKA FL 32712 83 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 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. 18 ident SUSAN M. RIDEOUT ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ☐ Change Addition ☐ DELETE 1.1 TITLE TITLE RIDEOUT, SUSAN M 1.2 NAME NAME 316 HAVERLAKE CIR 1.3 STREET ADDRESS STREET ADDRESS APOPKA FL 32712 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 2.1 TITLE TITLE RIDEPUT, ROBERT B 2.2 NAME NAME 316 HAVERLAKE CIR 2.3 STREET ADDRESS STREET ADDRESS APOPKA FL 32712 2.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 3.1 TITLE TITLE 3.2 NAME ... NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 4.1 TITLE ππF 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 517MF TILE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change ☐ Addition DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET 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.

SUSADOM.

R2E034 (11/98)