## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT

1999

**DOCUMENT #** 



P97000029685

FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## FILED Aug 24, 1999 8:00 am Secretary of State

08-24-1999 90004 014 \*\*\*550.00

RJK, INC. OF FT. MYERS										
Principal Place	e of Business	Mailing Address								
5211 POCATELLA COURT 5211 POCATELLA COURT CAPE CORAL FL 33904 CAPE CORAL FL 33904										
CAPE CORAL FL 33904 CAPE CORAL FL 33904						DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualified				ľ
						04/02/1997				
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number Applied For				
21	·	26				65-0735579	Not Applicable			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional				
22		27				Fee Required				
City & State	е	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
23		28				Trust Fund Contribution	AC	ided to	-ees	┨
Zip	Country	Zip	Cou	питу		This corporation owes the current year     Intangible Personal Property.	Yes	X.	Jn.	
24	9. Name and Address of Curren	t Registered Agent	30	г		10. Name and Address of New Registered				1
	5. Name and Address of Current	t Kegister eu Agent	<del></del>	81	Name	- Name and A				1
HAN	NNAH, KARRY					70.0				1
521		82 Street Add			ess (P.O. Box Number is Not Acceptable)				{	
CAF	PE CORAL FL 33904			83						1
				<u> </u>	-		TT	7:- 0-	<u> </u>	-
				84	City	Fi	85	Zip Co	ae	
11. Pursuant	t to the provisions of sections 607.0502	2 and 607.1508, Florida Statute	es, the ab	ove-n	amed corpora	ation submits this statement for the purpose of o	nanging	its regis	tered	
office or	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida, Such change was	authonzei	d by t	ne corporatio	on's board of directors. I hereby accept the appo	ntment	as regis	tered	
SIGNATURE	and laminal with and accept the conge	10000, 01, 3000011 001.0000, 1.								1
SIGNATURE	Signature, typed or printed name of registered agen	it and title if applicable. (N	OTE: Registe	red Age	ent signature requi	ired when reinstating) DATE				J∂
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	r1		4	(5/00)
TITLE	D	DELETE	, 1.1 TF				L Chi	ange L	Addition	
NAME	HANNAH, KARRY		1.2 NA	ME.						8
STREET ADDRESS	5211 POCATELLA COURT		1		INDEES I					15
CITY-ST-ZIP				REET A						ĺΛ
TITLE	CAPE CORAL FL 33904		1.4 CI	TY-ST-Z				Г	7	5
	CAPE CURAL PL 33904	DELETE	1.4 CI 2.1 TI	TY-ST-2 TLE			Cha	ange [	Addition	CRZEUSA
NAME	CAPE CUMAL FL 33904	DELETE	1.4 Cl 2.1 Tl 2.2 NA	TY-ST-Z TLE AME	ZIP		Cha	ange [	Addition	5
STREET ADDRESS	CAPE CUMAL FL 33904	DELETE	1.4 CI 2.1 TI 2.2 NA 2.3 ST	TY-ST-Z TLE AME REET A	ZIP ADDRESS		☐ Cha	ange [	Addition	5
STREET ADDRESS CITY-ST-ZIP	CAPE CUMAL FL 33904		1.4 CI 2.1 TI 2.2 NA 2.3 ST	TY-ST-2 TLE AME TREET A	ZIP ADDRESS					5
STREET ADDRESS CITY-ST-ZIP TITLE	CAPE CUMAL FL 33904	DELETE DELETE	1.4 CI 2.1 TU 2.2 NA 2.3 ST 2.4 CI 3.1 TU	TY-ST-2 TLE AME TREET A TY-ST-2 TLE	ZIP ADDRESS			ange	Addition Addition	- 5
STREET ADDRESS CITY-ST-ZIP TITLE NAME	CAPE CUMAL FL 33904		1.4 CI 2.1 TU 2.2 NA 2.3 ST 2.4 CI 3.1 TU 3.2 NA	TY-ST-Z TLE AME REET A TY-ST-Z TLE AME	ZIP LIDDRESS ZIP					
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	CAPE CUMAL FL 33904		1.4 CI 2.1 TI 2.2 NA 2.3 ST 2.4 CI 3.1 TI 3.2 NA 3.3 ST	TY-ST-Z TLE AME REET A TY-ST-Z TLE AME REET A	ZIP  ADDRESS ZIP  ADDRESS					
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	THE CONTROL WEST	DELETE  DELETE	1.4 CI 2.1 TI 2.2 NA 2.3 ST 2.4 CI 3.1 TI 3.2 NA 3.3 ST 3.4 CI 4.1 TI 4.2 NA 4.3 ST 4.4 CI 5.1 TI 5.2 NA 5.3 ST 5.4 CI	TY-ST-Z TLE REET A TY-ST-Z TLE AME REET A TY-ST-Z TLE AME REET A TY-ST-Z TLE AME REET A TY-ST-Z TLE TY-ST-Z TLE	ZIP  ADDRESS ZIP  ADDRESS ZIP  ADDRESS ZIP  ADDRESS		Chi	ange	Addition  Addition  Addition	
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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 charged, if on an attachment with an address.

SIGNATURE

KARET HANNAIS

8.17.99

941 437-0377