


FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90048 001 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000030154 1. Corporation Name RODERICK LANGEVIN, INC.			
Principal Place of Business 4518 N.E. 77TH AVENUE GAINESVILLE FL 32609		Mailing Address 4518 N.E. 77TH AVENUE GAINESVILLE FL 32609	
2. Principal Place of Business 21 Suite, Apt. #, etc. PO Box 57 City & State Lake Geneva FL Zip Country 32160		2a. Mailing Address 26 Suite, Apt. #, etc. PO BOX 57 City & State Lake Geneva FL Zip Country 32160	
3. Date Incorporated or Qualified 04/03/1997		4. FEI Number 59-3430893	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		DO NOT WRITE IN THIS SPACE	
9. Name and Address of Current Registered Agent FOLSOM, LYNDA 548 CHANBRIDGES ROAD JASPER FL 32052		10. Name and Address of New Registered Agent 81 Name RODERICK LANGEVIN, INC. 82 Street Address (P.O. Box Number is Not Acceptable) PO BOX 57 83 City LAKE GENEVA 84 Zip Code FL 32160	
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 <i>Roderick J. Langevin</i> DATE 3-2-99 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
12. OFFICERS AND DIRECTORS TITLE <input type="checkbox"/> DELETE D NAME LANGEVIN, RODERICK STREET ADDRESS 4518 N.E. 77TH AVENUE CITY-ST-ZIP GAINESVILLE FL 32609		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D-Pres 1.2 NAME LANGEVIN, RODERICK 1.3 STREET ADDRESS PO Box 57 1.4 CITY-ST-ZIP Lake Geneva, FL	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition S-T 2.2 NAME DUGAN, LEE A. 2.3 STREET ADDRESS 7011 NE 34th street 2.4 CITY-ST-ZIP Gainesville, FL. 32609	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VP 3.2 NAME PALMER, VICTOR D. 3.3 STREET ADDRESS 7011 NE 34th street 3.4 CITY-ST-ZIP Gainesville, FL. 32609	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 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.

SIGNATURE:

Roderick J. Langevin
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-99
 Date

352-473 5806
 Daytime Phone #

CR2E034 (11/98)