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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P97000037351

1. Corporation Name

RKR, INC.

## **FILED** Mar 31, 1999 8:00 am Secretary of State

03-31-1999 90018 015 \*\*\*150.00



Principal Place	of Business	Mailing Address					#11#1 (1#1 (##)
3722 TIGER POINT BOULEVARD GULF BREEZE FL 32561		3722 TIGER POINT BOULEVARD GULF BREEZE FL 32561		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed 04/24/1997		
Principal Place of Business     2a. Mailing Address					4. FEI Number	Apr	plied For
21 600 8	S. Barracks #A4	26 P O Box 13232			59-3444386 Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 A	1	
2227			27			Fee Re	<del>'</del>
City & State		City & State		6. Election Campaign Financing	\$5.00	· 1	
23 Domos		28 Pensacola, l			Trust Fund Contribution	Added t	o Fees
Zpenso	Zip	Country .	•	8. This corporation owes the current year		□No	
24 32501 25 Escambia 29 32591-323230			l Eșca	<u>mbìa</u>	Personal Property Tax.		1000
	9. Name and Address of Current	Registered Agent	81	Namo	10. Name and Address of New Registers	u Agent	
KNO	EDD DAIDH A		"	KNOER			
KNOERR, RALPH A 3722 TIGER POINT BOULEVARD			82	Street Add	ress (B.O. Box Number is Not Acceptable)		
GULF BREEZE FL 32561			83		- Billimonto state		
GOL	P BREEZE PE 32301		100				
•			84	City PENSA	COLA	85 Zip 0	
	$\sim$	1007 1700 51 11 11 11 11		PENSA	continuous this statement for the numera		o 1
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, orboth, for 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.							
agent. I a	m familiar with, and accept the obligati	ons of, Section 607.0505, Florida	Statutes.		//	0	
SIGNATURE	X Valleton				41.15	<u>/</u>	}
40	Signature, typed or printed name of registered agent		13.	signature require	ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	PRS IN 12
12.	OFFICERS AND	DELETE	1,1 TITLE			Change	Addition
	PT DALDE A		1.2 NAME	E.	<b>r</b>	-	
NAME	KNOERR, RALPH A	,	1.3 STREET	ADDRESS KI	NOERR, RALPH A.		1
STREET ADDRESS	3722 TIGER POINT BOULEVARD	,	1.4 CITY-ST-	160	00 S. BARRACKS #A4		\ \
CITY-ST-ZIP	GULF BREEZE FL 32561	☐ DELETE	2.1 TITLE	P1	ENSACOLA, FL 32501	Change	☐ Addition
TITLE	<del>-</del> -		2.2 NAME	į			
NAME			2.3 STREET	ADDRESS			
STREET ADDRESS			2.4 CITY-ST				Î
CITY-ST-ZIP		☐ DELETE	3.1 TITLE	· ZJF	,	☐ Change	☐ Addition
TITLE		الماداد ب	3.2 NAME				
NAME			3.3 STREET	ADDRESS			
STREET ADORESS							<del></del>
CITY-ST-ZIP		DELETE	3.4. CITY: \$1 4.1 TITLE			☐ Change	Addition
· ·		2	4,2 NAME				
NAME STREET ADDRESS			4.3 STREET	ADDRESS			
							1
CITY-ST-ZIP		☐ OELETE	4.4 CITY-ST	-LIT		☐ Change	☐ Addition
TITLE		٥٠٠٠٠٠ ت	5.2 NAME				
NAME STREET ADORESS			5.3 STREET	ADDRESS			}
STREET ADDRESS	}		5.4 CITY-ST	1			}
CITY-ST-ZIP		☐ DELETE	6.1 TITLE			☐ Change	Addition
		٠	6.2 NAME				
NAME			6.3 STREET	ADDRESS			
STREET ADDRESS	I						i

14. I hereby certify that the information supplied with the 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 aprilual 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 attaching of with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

856-469-1819 Daytime Phone #