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

	11114	00039061 (1)				
R.D.H.,	INC.					1410 1814 58 14 6 6 (104 110) 1861
Principal Plac	e of Business	Mailing Address			- (100)(00) (14)0)() (10)() 00()() \$1()() 00()()	
3409 MASTER	RS DR.	3409 MASTERS DR.				
CLEARWATER FL 34621		CLEARWATER FL 34621			DO NOT WRITE IN THI	e envee
					3. Date Incorporated or Qualified	3 SPACE
					04/30/1997	
2. Principal P	lace of Business	2a. Mailing Address		-	4. FEI Number	Applied For
21		26			59-542265	Not Applicable
Suite, Apt. #, etc. Suite. Apt. #, etc.					5. Certificate of Status Desired	\$8.75 Additional
City & State	A	City & State	<u></u>		a Flastica Compaign Figureian	Fee Required
23	•	28			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country		8. This corporation owes or has paid the c	
24	25		30		Personal Property Tax due June 30.	Yes No
	g, Name and Address of Cure	rent Registered Agent			10. Name and Address of New Registere	d Agent
	ILT, RICHARD D		81	Name		
	09 MASTERS DR.		82	Street Addr	ress (P.O. Box Number is Not Acceptable)	
CL	EARWATER FL 34621		83			
			00			
			84	City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statutes	the above	-named corp	poration submits this statement for the purpose	of changing its registered
office or r	egistered agent, or both, in the Sta im familiar with, and accept the ob-	ale of Florida. Such change was au ligations of, Section 607.0505, Flori	thorized by ida Statutes	the corporat	tion's board of directors. I hereby accept the a	pointment as registered
SIGNATURE				•		
	Signature, typed or printed name of registered		Registered Age	nt signature requir	red when reinstating) DATE	
12.		AND DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AT	
TITLE NAME	D Holt, Richard D	D pecele	1.1 TITLE 1.2 NAME	-		Change Addition
STREET ADDRESS	3409 MASTERS DR.		1.3 STREET	ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 34621		1.4 CITY - S	- 1		
TITLE			2.1 TITLE	1-211		Change Addition
NAME			2.2 NAME]		
STREET ADDRESS			2 3 STREET	ADDRESS		
CITY-\$T-ZIP			2 4 CITY-S	T-ZIP		
TITLE		DELETE	3.1 TITLE			Change Addition
NAME			3.2 NAME	1 .		
STREET ADDRESS			3.3 STREET			
CITY-ST-ZIP		DELETE	3.4. CITY - S 4.1 TITLE	1-7IP		Change Addition
TITLE NAME		[_] otter	4.1 TITLE			
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 CITY - S1	1		
TITLE		DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME]		
STREET ADDRESS			5.3 STREET	address		
CITY-ST-ZIP			5.4 CITY - \$1	- ZIP		
TITLE		DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET	address		

14. Thereby 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 eath; 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, or on an attachment with an address.

SIGNATURE:

est Hold'

RICHARD D. HOLT

3/19/98

7868505

FILED

Mar 25 1998 8:00am

Secretary of State