**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## May 07, 1999 8:00 am Secretary of State

05-07-1999 90095 011 \*\*\*150.00

1.	Cor	рог	atio	n N	ame
	RE	DD	ITI	ΓL	AN

NDFILL, INC.

Principal Place of Business

Mailing Address

5655 OAK HOLLOW LANE OVIEDO FL 32765

5655 OAK HOLLOW LANE OVIEDO FL 32765

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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

Zip Country Zip Country 8. This corporation owes the current year Intangible			•		06/09/1997
Solice, Apt. #, etc.    Solice, Apt. #, etc.	2. Principal Pl	ace of Business	2a. Mailing Address	11+10	4. FEI Number Applied For
Solice, Apt. #, etc.    Solice, Apt. #, etc.	21 4414	Calm Water Cour	26 4414 WWW	1 Wall G	<b>MT</b> 59-3453273 Not Applicable
Country   20		‡, etc.	Suite, Apt. #, etc.		5 Cortiferate of Status Desired . \$8./5 Additional
Trust Fund Contribution   Added to Fees			City & State		6 Flection Campaign Financing 55.00 May Be
3. Name and Address of Current Registered Agent  REDDITT, J. CECIL SESS OAK HOLLOW LANE OVIEDO FL 32765  11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florids Statutes. The aboven-americ corporations submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florids Statutes. The aboven-americ corporations submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florids Statutes.  SIGNATURE Synature, lipsed or private reason of registered agent a material and accept the obligations of, Section 607 0505, Florids Statutes.  POFFICERS AND DIRECTORS  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE  PREDITT, J. CECIL STREET ADDRESS  5655 OAK HOLLOW LANE OVIEDO FL 32765  10 DELETE  11 TITLE  12 NAME 12 STREET ADDRESS  13 STREET ADDRESS  14 GITY ST-2P  14 TITLE  15 TITLE  16 TITLE  16 TITLE  16 TITLE  17 TITLE  18 TITLE  19 DELETE  19 TITLE  10 DELETE  19 TITLE  10 DELETE  19 TITLE  10 DELETE  19 TITLE  10 DELETE  10 DELETE  11 TITLE  10 DELETE  11 TITLE  10 DELETE  11 TITLE  10 DELETE  11 TITLE  12 NAME 13 STREET ADDRESS  13 STREET ADDRESS  14 GITY ST-2P  15 TITLE  16 DELETE  15 TITLE  16 DELETE  15 TITLE  16 DELETE  15 TITLE  10 DELETE  15 TITLE  15 TITLE	$\neg \omega$	7L			1
9. Name and Address of Current Registered Agent  REDDITT, J. CECIL 5655 OAK HOLLOW LANE OVIEDO FL 32765  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Sistutes, 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 Sistutes, 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 Sistutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, and accept the obligations of, Section 807.0502, Florida Sistutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, and accept the obligations of, Section 807.0502, Florida Sistutes, 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 Sistutes, 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 Sistutes, 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 Sistutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered of office or registered office or registered office or registered of office or registered of office or registered office or registered of office or registered of office or registered of office or registered office or registered of office or registered of office or registered office or registered of office o		_	Zip 20 017 -	Country	
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OVIEDO FL 32765  83  City Orland O  FL 85 Zip Code The purpose of changing its registered agent, or both, in the State of Florida. Statuties, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Statuties, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Statuties, the above-named corporation submits this statement for the purpose of changing its registered agent, and accept the obligations of Sociotion 607/505; Florida Statuties.  SIGNATURE Signature, Speed or premise reme of registered agent and tise of explicible.  NAME SIGNATURE Signature, Speed or premise reme of registered agent and state of explicible.  NAME STREET ADDRESS OVIEDO FL 32765	1			82 Street	Address (P.O. Box Number is Not Acceptable)
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agent. I am familiar with, and accept the obligations of, Section 807.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed raise of registered agent and lite if applicable. (NOTE Registered Agent agent are required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ITITLE  NAME  REDDITT, J. CECIL  STREET ADDRESS  5655 OAK HOLLOW LANE  V  OVIED FL 32765  V  OVIED FL 32765  V  REDDITT, JOAN  STREET ADDRESS  5655 OAK HOLLOW LANE  OVIED FL 32765  V  OVIED FL 32765  OVIED FL 32765	11. Pursuant 1	o the provisions of Sections 607.050	)2 and 607.1508, Florida Statutes,	the above-named o	corporation submits this statement for the purpose of changing its registered
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: