## 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 # P97000052228

1. Corporation Name

HARRY A. RAI DWIN, INC.

## May 03, 1999 8:00 am Secretary of State

05-03-1999 90006 017 \*\*\*150.00

/ Indian A. Balbway into									
Principal Place of Business Mailing Address						n (mariado com como podro donte dolle dote) decen e	)	1 11881 1811 1881	
7200-10 NORMANDY BLVD 7200-10 NORMANDY BLVD									
JACKSONVILLE FL 32205  JACKSONVILLE FL 32205						DO NOT WRITE IN THIS	SPACE		
						3. Date Incorporated or Qualifed			
						06/12/1997		ļ	
2 Principal P	lace of Business	2a. Mailing Address				4. FEI Number	ΠA	pplied For	
21						59-3451830		ot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.							\$8.75	Additional	
22 27						5. Certifcate of Status Desired		equired	
City & State City & State						6. Election Campaign Financing	\$5.00	May Be	
23	28					Trust Fund Contribution		to Fees	
Zip	Country Zip Cou					8. This corporation owes the current year Inta	ingible		
24	25	29 30	0			Personal Property Tax.	☐Yes	₽Ño	
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registered	Agent		
			81	l Name				<i>'</i>	
BALDWIN, HARRY A				Street	Addres	ss (P.O. Box Number is Not Acceptable)		———	
7200-10 NORMANDY BLVD			"		7 100101	355 (F.O. BOX Multiper is not Acceptable)			
JACKSONVILLE FL 32205			83	3					
			84	City			85 Zip	Code	
Į				1 7		FL	'		
office or r	registered agent, or both, in the State or rn familiar with, and accept the obligat	of Florida. Such change was auth ions of, Section 607.0505, Florida 	onzed by a Statute	y the comp s.	oration	ation submits this statement for the purpose of s board of directors. I hereby accept the appointment of the purpose of the separate of the se	changing it itment as r	egistered	
	Signature, typed or printed name of registered agent		-	ent signature	requirea v	ADDITIONS/CHANGES TO OFFICERS AN	D DIDECT	OPS IN 12	
12.	OFFICERS ANI	D DIRECTORS  DELETE	13. 1.1 TITLE		TV		Change		
TITLE	D DALDIAMN HADDY A		[ ] L		LY	NDA Y. GODFREE	_ *	_	
NAME	BALDWIN, HARRY A				110	A VEILER GAME		}	
STREET ADDRESS			1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		ST	AUGUSTINE, FZ 32086			
CITY-ST-ZIP	JACKSONVILLE FL 32205	☐ DELETE	2.1 Title ?		7/1		Change	Addition	
TITLE		C prince	1		BAL	DWIN, HARRY 4.		_	
NAME			2.2 NAME 2.3 STREET		720	0-10 NORHANDY BLVD.			
STREET ADDRESS		-			TA.	14			
CITY-ST-ZIP		DELETE	2.4 CITY- 3.1 TITLE	51-ZIP	<del>  ```</del>	(KSONULLE TL 32205		☐ Addition	
TITLE	!	- DEFECT				owin, Harry 4. 0-10 Noehandy Blvb. Cksonville, FL 32205	☐ Change		
NAME.			2 2 STALFE			CKSONVILLE, FL 32205	Change		
STREET ADDRESS	)		3.2 NAME		-	CKSONVILLE, FL 32205	☐ Change		
CITY-ST-ZIP			3.3 STREE	ET ADDRESS	-	CKSONVILLE, FL 32205	Change	-	
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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.

6.4 CITY-ST-ZIP

SIGNATURE: