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 # P97000053278

RODO, INC.

Principal Place of Business	Mailing Address
AAAAA ODDINIO LIILL DONIC	11041 CROINC UII

Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90129 038 ***150.00



			_				<u> </u>
Principal Place of Busine	ss	Mailing Address					
11041 SPRING HILL DRIVE		11041 SPRING HII					
SPRING HILL FL 34608		SPRING HILL FL 34608			DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed	
				06/17/1997			
2. Principal Place of Bus	. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
21		26	_			59-3451938	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #,	Suite, Apt. #, etc.			E Codificate of Status Desired ""	.75 Additional ee Required
City & State		City & State	~				5.00 May Be
23	Country	Zip	 -	Country		This corporation owes the current year Intangible	
Zip		29	¬ ¯ ˙			Personal Property Tax.	-
24 O Nom	25 e and Address of Curre		30	-		10. Name and Address of New Registered Agent	
J. Hall	e and Address of Come	int register our regard		81	Name		
GARNER, ROY 3258 INDIAN GULF LANE				· · · · · · · · · · · · · · · · · · ·			
			82 Street Address (P.O. Box Number is Not Acceptable)				
SPRING HILL FL 34607		83	83				
•••••							
				84	City	FL 85	Zip Code
11. Pursuant to the prov	isions of Sections 607/05	02 and 607.1508, Florid	da Statutes, th	ne above	named corp	poration submits this statement for the purpose of changes beard of directors. I hereby accept the appointment	jing its registered
office or registered a agent. I am familiar t	igent, or both, in the state with and accept the oblig	e of Florida. Such chang ations of, Section 607.0	ge was autnoi)505, Florida :	nzeo by Statutes	tne corporatio	on's board of directors. I hereby accept the appointmen	2 as registered
SIGNATURE	on I Las	Men Ro		rne		3-9-9	9
Signature, typ	ad or printed name of regulated ag		(NOTE: Regis	tered Agen	t signature require	ed when reinstating) DATE	
12.	/ OFFICERS A	ND DIRECTORS		13		ADDITIONS/CHANGES TO OFFICERS AND DIF	
TITLE P		☐ DELETE		1.1 TITLE			hange
NAME GARNE	GARNER, ROY L			1.2 NAME			
G111EE171BB71E00 + +++++	ss 3258 INDIAN GULF LANE			1.3 STREET ADDRESS			
CITY-ST-ZIP SPRING	SPRING HILL FL 34607			1.4 CITY-ST-ZIP			
TITLE VPS			ELETE	2.1 TITLE			hange Additi
NAME GARNE	r, dolores			2.2 NAME			
PERSONAL STREET APPROPRIES	DIAN GULF LANE			2.3 STREE!	ADDRESS		

SPRING HILL FL 34607 2.4 CITY-ST-ZIP CITY-ST-ZIP - Addition Change -☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4, CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4 4 CITY-ST-ZIP Addition Change □ DELETE 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE ☐ Change ☐ Addition DELETE TITLE 6.2 NAME NAME

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 pn an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS