## 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 # **P97000053480**1. Corporation Name

RRR MERCHANDISING CORP.

Principal Place of Business

Mailing Address

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

05-03-1999 90069 031 \*\*\*150.00



5919 SE 68TH : OCALA FL 3447		5919 SE 68TH ST., #111 OCALA FL 34472		•	DO NOT WRITE IN THIS SPACE			
					3. Date incorporated or Qualifed 06/17/1997			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number			Applied For
21		26			59-3499988			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			S. Contiferate of Status Desired		\$8.7	5 Additional
22		27	-		-5. Certifcate of Status Desired	U	Fee	e Réquired
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution			00 May Be led to Fees
Zip	Country 25	Zip 29 3	Country		This corporation owes the currer Personal Property Tax.		Yes Yes	□No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Re	gistered A	gent	
			81	Name				
	LACE, ROD SE 68TH ST., #111		82	Street Add	ress (P.O. Box Number is Not Acceptab	le)		
	LA FL 34472		83	<del> </del>				
							11	
			84	City -		FI	85	Zip Code
office or re agent. I an	egistered agent, or both, in the State n famillar with, and accept the obliga	of Florida. Such change was aut tions of, Section 607.0505, Florid	horized by da Statutes	the corporati	poration submits this statement for the pi on's board of directors. I hereby accept	the appoint	tment a	s registered
	Signature, typed or printed name of registered agen			nt signature require	ad when reinstating)  ADDITIONS/CHANGES TO OFFI		DIDE	CTOPS IN 12
12.		D DIRECTORS  DELETE	13.		ADDITIONS/CHANGES TO OFFI	CERS AND	Char	
TITLE	P	· C DELETE	1.1 TITLE					ingo
NAME	WALLACE, ROD		1.2 NAME	•				}
STREET ADDRESS	3098 42ND ST		1.3 STREE	T ADDRESS				
CITY-ST-ZIP	OCALA FL 34472		1.4 CITY-S	T-ZIP			70-	
TITLE	VP	DELETE	2.1 TITLE		· .		☐ Char	nge 🗌 Addition
NAME	WALLACE, RICKEY	•	2.2 NAME					
STREET ADDRESS	5919 SE 68TH ST., #111		2.3 STREE	TADDRESS				}
CITY-ST-ZIP	OCALA FL 34472		2. 4 CITY-	ST-ZIP · ·				
TITLE	S	DELETE	3.1 TITLE				☐ Chai	nge
NAME	WALLACE, RON	•	3.2 NAME					
STREET ADDRESS	2201 NE 10 ST		3.3 STREE	T ADDRESS				
CITY-ST-ZIP	OCALA FL 34472		3.4. CITY-5	ST-ZIP	<u></u>			
TITLE		☐ DELETE	4,1 TITLE		•		Cha.	nge 🗌 Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREE	TADDRESS				
CITY-ST-ZIP	·		4.4 CITY-S	T-ZIP				
TITLE	:	☐ DELETE	5.1 TITLE				☐ Cha	nge 🔯 Addition
NAME			5.2 NAME		•			
STREET ADDRESS			5.3 STREE	TADDRESS				
CITY-ST-ZIP	<u></u>		5.4 CITY-S	ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE				☐ Cha	nge 📋 Addition
NAME			6.2 NAMÉ					
STREET ADDRESS	,		6.3 STREE	TADDRESS				
			II					

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

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RSE034 (11/98)