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Feb 22, 1999 8:00 am
Secretary of State

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* PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000074002

1. Corporation Name
R & D GULFCOAST, INC.

Principal Place of Business
26335 AUGUSTA CREEK COURT
BONITA SPRINGS FL 34134
US

Mailing Address
P O BOX 366128
BONITA SPRINGS FL 34135
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 26325 Mahogany Pt. Ct.		26 P O BOX 366128		08/25/1997	
22 Suite, Apt. #, etc. Bonita Springs FL		27 Suite, Apt. #, etc.		4. FEI Number	
23 34134		28		59-3464793	
24 Zip		25 Country		5. Certificate of Status Desired	
29 Zip		30 Country		6. Election Campaign Financing	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		7. Additional Fee Required	
GARLICK, THOMAS B		81 Name		\$8.75	
8889 PELICAN BAY BLVD., SUITE 300		82 Street Address (P.O. Box Number is Not Acceptable)		May Be	
NAPLES FL 34108		83		Added to Fees	
		84 City		\$5.00	
		FL		May Be	
		85 Zip Code		Added to Fees	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, 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. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	RUBINTON, JON	1.2 NAME	
STREET ADDRESS	P O BOX 366128 N.A	1.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	DUCHARME, DUANE	2.2 NAME	
STREET ADDRESS	7401 BAY COLONY DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34108	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jon Rubinton

Date

Daytime Phone #

1/1/99

1-941-947-7888

CR2E034 (11/98)