## 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#** P97000087591

R.H.M. ENTERPRISES INC.

## **FILED** Jan 21, 1999 8:00am Secretary of State 01-21-1999 90054 046 \*\*\*150.00



Principal Place of Business Mailing Address					I FROISEN SIO IDIUS IDDAI ODSII ORSIA TOUS DOISE I		ilo (010) ilb) (40)
21720 KING JOHN STREET 21720 KING JOHN STREET							
LEESBURG FL 34748 LEESBURG FL 34748							
					DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualifed			
2 Different Discort Discort				10/09/1997			
——————————————————————————————————————		2a. Mailing Address			4. FEI Number	Applied For	
21 26 Suite, Apt. #, etc.		<del></del>	Suite, Apt. #, etc.		59-347/998	59-3477998 Not Applicable	
22		<b>⊢</b> ¬	27		5. Certificate of Status Desired		
City & State		<del></del>	City & State		6 Flection Campaign Financing \$5.00 May Po		
23		28		-	Trust Fund Contribution Added to Fees		
			Zip Country		8. This corporation owes the current year Inta		
24 25 29 3				Personal Property Tax.			
	9. Name and Address of Curre	nt Registered Agent	10. Name and Address of New Registered Agent				
			81	Name			
MURRILL, ROBERT H			82	Street A	ddress (P.O. Box Number is Not Acceptable)		
21720 KING JOHN STREET			of career, advised (1.10. Box Hamber 15. Not Acceptable)			*	
LEESBURG FL 34748			83				
	· -		84	City		85 Zi	o Code
			-	City	FL	103 2	Joue
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 a	im familiar with, and accept the obliga	ations of, Section 607.0505, Florida	a Statutes		ation's board of directors. Thereby accept the appoint	inen as	registered
SIGNATURE							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: R				gistered Agent signature required when reinstating) DATE			5000 0140
12.	T*	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND		
TITLE .	DPS DODEDT II	DELETE	1.1 TITLE		• •	Chang	a Madmon
NAME :	MURRILL, ROBERT H		1.2 NAME				
STREET ADDRESS			1.3 STREET				•
CITY-ST-ZIP	LEESBURG FL 34748	☐ DELETE	1.4 CITY-S' 2.1 TITLE	1-ZIP	<u> </u>	☐ Chang	e Addition
NAME			2.1 THEE			Onlang	
STREET ADDRESS				T ADODECC			
	•		2.3 STREET ADDRESS 2.4 CITY-ST-ZIP				ĺ
CITY+ST-ZIP TITLE			3.1 TITLE	1-212		Change	e Addition
NAME	The state of the s		3.2 NAME				
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CITY-ST-ZIP	문화되는 사실 한 경기를 보고 있다.		3.4. CITY-S	ĺ			
TITLE			4.1 TITLE			Change	Addition
NAME.			4.2 NAME				
STREET ADDRESS	1.9 S. 7.0	•	4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CiTY-S				
TITLE		☐ DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME			_	
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP	OPS	•	5.4 CITY-S	r-Zip			
TITLE	and the second second second	☐ DELETE	6.1 TITLE			Change	Addition
NAME	<b>2529</b> 654 据表示的。		6.2 NAME				
STREET ADDRESS	The state of the s		6.3 STREET	ADDRESS			
	1		EACHY C	ר אור			

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 in changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE**