## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # P97000092113

RICHARD SPENCER RHODES, JR., P.A.

					<u>                                 </u>		01
Principal Place of Business Mailing Address							
126 E. JEFFERSON STREET 126 E. JEFFERSON STREET							
ORLANDO FL 32801 ORLANDO FL 32801					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
					10/27/1997		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			59-3472918	N	lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional
22		27			5. Certificate of States Desired	Fee F	Required
City & Stat	le	City & State			6. Election Campaign Financing		May Be
23		28			Trust Fund Contribution		to Fees
Zip	Country	Zip Country			8. This corporation owes the current year Intangible Personal Property Tax.  Yes No		
24	25		30		Personal Property Tax.  10. Name and Address of New Registers		
	9. Name and Address of Currer	t Registered Agent	81	Name	10. Name and Address of New Registers	ou Agent	
RHO	DES. RICHARD S						
126 E. JEFFERSON STREET ORLANDO FL 32801			82	Street Add	Address (P.O. Box Number is Not Acceptable)		
			83	<del></del>			
0,,2							·
			84	City	F	85 Zip	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the				nomod cor			ts registered
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: I	Registered Ager	t signature requir	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS		OR\$ IN 12
TITLE	D	DELETE	1.1 TITLE			☐ Change	
NAME	RHODES, RICHARD S JR		1.2 NAME				į
STREET ADDRESS	AGO E JESTEROOM CIRCET		1.3 STREET	ADDRESS			į
CITY-ST-ZIP	ORLANDO FL 32801		1.4 CITY-\$	T-ZIP			
TITLE		☐ DELETE	2.1 TITLE			Change	Addition
NAME			2.2 NAME		•		
STREET ADDRESS	5		2.3 STREET	( ADDRESS			
CITY-ST-ZIP			2. 4 CITY- S	T-ZIP			
TITLE		☐ DELETE	3.1 TITLE			☐ Change	e [] Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET	TADDRESS			
CITY-ST-ZIP			3.4. CITY- S	T-ZIP		☐ Change	e
TITLE		☐ DELETE	4.1 TITLE			□ Change	e 🖂 Addition
NAME			4. 2 NAME				,
STREET ADDRESS	<u> </u>			T ADDRESS			
CITY-ST-ZIP		☐ DELETE	4.4 CITY-S 5.1 TITLE	r-ziP		Change	e Addition
TITLE		□ DECEIE	5.1 TITLE 5.2 NAME	.		_1 oo.ig	
NAME				TADDRESS			
STREET ADDRESS			5.4 CITY-S				
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE			☐ Chang	e

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 impowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**SIGNATURE** 

NAME

STREET ADDRESS

CITY-ST-ZIP

**FILED** 

Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90178 018 \*\*\*150.00