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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000107681 (3) DOCUMENT #

RB OF DELTONA, INC.

FILED May 13 1998 8:00am Secretary of State



rancipal riace	e or positioss	Maning Address			•
1700 DOYLE		1700 DOYLE ROAD DELTONA FL 32725			
DELTONA FL	32/25	DELIONA PL 32723		DO NOT WRITE IN TH	IS SPACE
				3. Date Incorporated or Qualified 12/23/1997	
2. Principal Pl	lace of Business.	2a. Mailing Address	1 0 1	4. FEI Number	Applied For
1701	a Doule DN	26 1700 No	VE RU	59-3483172	Not Applicable
Suite, Apt. :	#, elc.	Suite, Apt. #, etc.	1	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State City & State			-1	6. Election Campaign Financing	\$5.00 May Be
23 DEHONA FI 28		$\mapsto H \cdot H \cdot H$	Fl	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	current year Intangible
24 32 7	AS 25	29 32725	30	Personal Property Tax due June 30.	Yes X No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Register	ed Agent /
BRYANT, RICHARD L II 1700 DOYLE ROAD DELTONA FL 32725 81 Namp Street Address (F.O. Box Number is Not proceptable) 82 Street Address (F.O. Box Number is Not proceptable) 83 84 City City					
		1.002.4000 51-33-04-4	\cup \cup \in	poration submits this statement for the purpose	
office or re	to the provisions of Sections 607 0502 egistered agent, or both, in the State om m familiar with, and accept the obliga	of Florida. Such ch ange wa s at	athorized by the coroora	tion's board of directors. I hereby accept the	appointment as registered
SIGNATURE	Signature, typoid or printed name of registered agen	it and title if applicable (NOTL)	Registered Agent signature requi	ired when reinstating) DATI	E
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D	DELETE	1.1 TITLE		Change Addition
NAME	BRYANT, RICHARD L II		1.2 NAME		
STREET ADDRESS	1700 DOYLE ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	DELTONA FL 32725		1.4 CITY - ST - ZIP		T States
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	2. 4 CITY - ST - ZIP		Change Addition
TITLE		☐ DELETE	3.1 TITLE		T cusulto T variation
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	3 4. CITY - ST - ZIP		Change Addition
TITLE			4.1 TITLE		C curation C vicesion
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	4 4 CITY - ST - ZIP 5 1 TITLE		Change Addition
NAME			5.2 NAME		,
			5.3 STREET ADDRESS		
STREET ADDRESS			5.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		- —
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		
14. Lhereby c	L p ertify that the information supplied wit	th this filing does not qualify for	the exemption stated in	Section 119.07(3)(i), Florida Statutes. I furthe	r certify that the information
indicated officer or a	on this annual report or supplemental	l annual report is tr ue and accu iver or trustee emp owered t o e	irate and that my signati	ure shall have the same legal effect as if made quired by Chapter 607, Florida Statutes; and th	under oath: that I am an
DIOCK 12 (or Block 15 ir changed, or on an allac	with all abolities.	+ IL	4-29-91	