Mar 12, 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 # **P97000108985**1. Corporation Name

R & L DEVELOPMENT, INC.

| Principal Place of Business | | Mailing Address | | | | 1 1881/1881 III 4 NSSI SANDIY NATEL AND SIL AND SI | | (818) 8111 1881 |
|--|---|---|---|---|---|--|------------------------------|----------------------------|
| 11750 PHILLIPS HIGHWAY JACKSONVILLE FL 32256 US | | 11750 PHILLIPS HIGHWAY JACKSONVILLE FL 32256 US | | DO NOT WRITE IN 3. Date incorporated or Qualifed | THIS SPACE | | | |
| | | | | | | 12/31/1997 | | 1 |
| 2. Principal Pl | lace of Business | 2a. Mailing Address | | | | 4. FEI Number | Ar | oplied For |
| 21 | | 26 | | | | 59-3485192 | No | ot Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | \$8.75 | Additional |
| 22 | | 27 | | _ | • | 5. Certificate of Status Desired | Fee Re | equired |
| City & State | | City & State | | 6. Election Campaign Financing | • | May Be | | |
| 23 | | 28 | | | | Trust Fund Contribution | Added | to Fees |
| Zíp | Country | Zip | | ountry | | 8. This corporation owes the current ye | | п |
| 24 | 25 | 29 | 30 | | | Personal Property Tax. 10. Name and Address of New Regist | Yes | □No |
| | 9. Name and Address of Curre | nt Registered Agent | | 81 | Name | 10. Name and Address of New Regist | ered Agent | |
| CDA | HAM LICA | | | " | Name | | • | |
| GRAHAM, LISA 11750 PHILLIPS HWY | | 82 Street | | ddress (P.O. Box Number is Not Acceptable) | | | | |
| JAX | FL 32256 | | | 83 | | | | |
| | | | | 84 | City | | FL 85 Zip | Code |
| 11 Pursuant | to the provisions of Sections 607.050 | 02 and 607,1508. Florida Sta | atutes, the | above | e-named o | orporation submits this statement for the purpo | se of changing its | registered |
| office or re | egistered agent, or oth, in the State m familiar with, and accept the oblig | of Florida. Such change wa | s authorize | ed by I | tne corboi | ration's board of directors. I hereby accept the | appointment as re | gistered |
| | | | | | | | | |
| | | #((O)13 OI, OOOMO!! OO ! | i ionda ota | atotos. | • | a_ | 12-99 | |
| SIGNATURE | | | 4 | | | , | 12-99 | |
| | Signature, typed griprinted name of registered age | | 4 | ed Agen | | quired when reinstating) ADDITIONS/CHANGES TO OFFICE | RS AND DIRECTO | |
| SIGNATURE | Signature, typed griprinted name of registered age | ont and time if applicable. (N | OTE: Register | ed Agen | | , | | DRS IN 12 |
| SIGNATURE | Signature, typed griprinted name of registered age | ont and time it applicable. (N ND DIRECTORS | OTE: Registeri | ed Agen | | , | RS AND DIRECTO | |
| SIGNATURE 12. TITLE | Synature, typed orbinited name of egisteral age OFFICERS AN | ont and time it applicable. (N ND DIRECTORS | OTE: Registeri 13 1.1 1.2 | ed Agen 3. TITLE NAME | | , | RS AND DIRECTO | |
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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 requirer 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

2-12-99