## 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 #** P98000021121

1. Corporation Name

R.A.S. & ASSOCIATES, INC.

_	
Principal Place of Business	Mailing Address
E407 ADDIEDODE LANE	EAST ADDIEDODE LANG

## FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90248 001 \*\*\*150.00



Principal Place	of Business	Mailing Address						
5427 APPLEDORE LANE 5427 APPLEDORE LANE								
TALLAHASSEE FL 32308 TALLAHASSEE FL 32308				DO NOT WRITE IN	THIS SPACE	F		
					3. Date Incorporated or Qualifed			
					03/05/1998			
2. Oringinal Di	ace of Business	2a, Mailing Address			4. FEI Number	<del></del>	Ann	lied For
<del></del>	lace of business	F-, "			59-3503670	-	+	Applicable
Suite, Apt. i	# atc	Suite, Apt. #, etc.				\$8.		dditional
<del></del>	<del>,, 610.</del>	27	<b>=</b>		5. Certifcate of Status Desired		ee Req	
City & State	е	City & State			6. Election Campaign Financing	\$5	.00 N	May Be
23	-	28			Trust Fund Contribution	<b>T</b>	ided to	
Zíp	Country	Zip	Zíp Country		8. This corporation owes the current ye	ear Intangible	!	
24	25	29	30		Personal Property Tax.	☐ Ye	s [	₽No
<del></del>	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Regis	tered Agent		
				81 Nam	e			}
	'H, REGINALD A SR			82 Stree	et Address (P.O. Box Number is Not Acceptable)			
	APPLEDORE LANE							
TALL	AHASSEE FL 32308			83				}
				84 City		85	Žip C	ode .
						FL   }	•	
11. Pursuant t	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statute	s, the a	роуе-пате	d corporation submits this statement for the purp	ose of changi	ng its r	registered
I office or re	egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was au	itnorizet	a by the col	poration's board of directors. I hereby accept the	арропилени	as rey	19161CO
		•						[
SIGNATURE	Signature, typed or printed name of registered agen	nt and title if applicable. (NOTE:	Registered	i Agent signatur	,	ATE		
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIR	ECTO	RS IN 12
					- <del> </del>	T 7 01		- A J-132 - A
TITLE	PSTD	☐ DELETE	1.1 11	TLE		[] Ch	ange	☐ Addition /
TITLE NAME	SMITH, REGINALD A SR					☐ CH	ange	☐ Addition
l i	SMITH, REGINALD A SR 5427 APPLEDORE LANE		1.1 TI		is	□ Cr	ange	☐ Addition (
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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 507, 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:

668-5584