PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000023294

1. Corporation Name

R. J. COLE, INC.

Principal Place	e of Business Mailing Address						, , , , , , , , , , , , , , , , , , , ,	*****		.,.,.	
6287 BAHIA DEL MAR CIRCLE.BLDG.P.UNIT 908 6287 BAHIA DEL MAR CIRCLE ST. PETERSBURG FL 33715 ST. PETERSBURG FL 33715				E.BLDG.P.UNIT 908							
						L	DO NOT WRITE IN THIS SPACE				
							 Date Incorporated or Qualife 03/11/1998 	ed		•	
2. Principal Pi	ace of Business	2a. Mailing Address	2a. Mailing Address				4. FEI Number Applied For				
21		26				59-34995	Not Applicable				
Suite, Apt.	#. etc.	Suite, Apt. #, etc.					\$8.75 Additional				
22		27			J	5. Certifcate of Status Desired		Fe	e Req	uired	
City & State		City & State				6. Election Campaign Financing S5.00 May Be					
23		28				Trust Fund Contribution Added to Fees					
Zip				Country			8. This corporation owes the current year Intangible				
24	25 29 30			Pe			Personal Property Tax.	·			□No
	9. Name and Address of Current	Registered Agent		T			10. Name and Address of Nev	v Registered	Agent		
				81	Name	·					
COLE, RICHARD J				00 01 144			- /D.O. Bay Number is Not Aggs	ntoblo)		•	
6287 BAHIA DEL MAR CIRCLE,BLDG.P,UNIT 908				82	Street	Addres	s (P.O. Box Number is Not Acce	ріавіе)			
ST. PETERSBURG FL 33715				83							
							<u> </u>		- I: T		
				84	City			· FL	85	Zip Co	ode
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	m familiar with, and accept the obligat	ions of, Section 607.0505, Flo	nda Stat	utes	•						
SIGNATURE	Signature, typed or printed name of registered agent	and title if annicable (NOTE	Renisterer	Agen	t signature	required w	hen reinstating) .	DĀTE			
12.	OFFICERS AN		13.		. organization		ADDITIONS/CHANGES TO C	OFFICERS AN	ID DIRE	CTOR	S IN 12
TITLE				1.1 TITLE		T			Cha		☐ Addition
NAME	COLE, RICHARD J		1.2 N	AME		İ					
STREET ADDRESS 6287 BAHIA DEL MAR CIRCLE, BLDG.P, UNIT 90			1.3 STREET ADDRESS		: }						
CITY-ST-ZIP	ST. PETERSBURG FL 33715	525 G.H. , 51411 G.G.		iTY-S							
TITLE				2.1 TITLE		1			Cha	nge .	Addition
NAME	COLE, JANE E	_	2.2 N	AMF							
STREET ADDRESS	THE PARTY OF THE CONTROL OF THE PARTY OF			2.3 STREET ADDRESS							
CITY-ST-ZIP	ST. PETERSBURG FL 33715						•				- /
TITLE				2.4 City-St-ZiP 3.1 TITLE		† —			Cha	nge	Addition
NAME			3.2 N				· ·				
STREET ADDRESS					ADDRESS	,					Į
.)						7	•				
CITY-ST-ZIP TITLE	☐ DELETE		_	3.4. CITY-ST-ZIP 4.1 TITLE		+-	-	***	[] Cha	ınge	☐ Addition
		<u></u>	4.21							-	
NAME STREET ADDRESS					ADDRESS						
STREET ADDRESS						'					
CITY-ST-ZIP		☐ DELETE	5.1 TI	ΠY-S'	1+ <u>ZIP</u>	 			["] Cha	nge	Addition
1		[DECC16	5.1 N							0-	
NAME					ADDRESS						
STREET ADDRESS				TY-S							.]
CITY-ST-ZIP			5.4 (411-8	1-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 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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

727-866-1694

Addition

Change

FILED

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90233 010 ***150.00