Feb 24, 1999 8:00 am

Secretary of State

02-24-1999 90165 003 \*\*\*150.00

## 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 # P98000026305

1. Corporation Name

R&RR	IANCH OF MILTON, FLORIC	DA, INC.							
Principal Place	e of Business	Mailing Address			J. 7.	-	111 <b>40</b> 211 <b>40</b> 11 <b>8</b> 1		BRIET BAIL ABBI
6988 PINE BLOSSOM ROAD MILTON FL 32570  6988 PINE BLOSSOM ROAD MILTON FL 32570						DO NOT WRI	TE IN THIS	SPACE	
						3. Date Incorporated or Qualifed		***	
						03/20/1998			
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number		X Apı	plied For
21		26			1=				t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A	
22		27						Fee Re	·
City & State	le	City & State				6. Election Campaign Financing		\$5.00	
23		28				Trust Fund Contribution		Added to	o rees
Zip	Country	Zip	Cour	шу		8. This corporation owes the curr	ent year int		□No
24	25		30			Personal Property Tax.  10. Name and Address of New F	Registered :		
	9. Name and Address of Currer	it Kedisteled Ağelit		81	Name	191 Hame and Addied of Non-		-3	
ROP	ELLA, ROBBIE J								
6988 PINE BLOSSOM ROAD MILTON FL 32570				82	Street Addre	ess (P.O. Box Number is Not Accepta	ible)	•	
			-	83		*			
					City		FL	85 Zip C	
-46	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obliga	of Florida, Such change was all	ITHATIZAA	DV II	named corpo ne corporation	oration submits this statement for the n's board of directors. I hereby accep	ot the appoir	ntment as rec	gistered
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE:	Registered A	Agent s	signature required		DATE		
SIGNATURE		nt and title if applicable. (NOTE:	Registered A	Agent s	signature required	when reinstating) ADDITIONS/CHANGES TO OF			
					signature required			ID DIRECTO	RS IN 12
12.	OFFICERS AN	ND DIRECTORS	13.	.E	signature required				
12.	OFFICERS AN	ND DIRECTORS	13. 1.1 TITE 1.2 NAM	.E	signature required				
12. TITLE NAME	OFFICERS AN ROPELLA, ROBBIE J	ND DIRECTORS	13. 1.1 TITE 1.2 NAM	LE ME REET A	ADDRESS			☐ Change	☐ Addition
12. TITLE NAME STREET ADDRESS	P ROPELLA, ROBBIE J 6988 PINE BLOSSOM ROAD	ND DIRECTORS	13. 1.1 TITI 1.2 NAI 1.3 STF	LE ME REET A Y-ST-	ADDRESS				
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6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information superied 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 mat ray 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 of rustee empowered to execute his 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.

SIGNATURE:

STREET ADDRESS