

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

FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90011 039 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katharine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # P98000032611

1. Corporation Name
R & K TECHNICAL CONSULTANTS, INC.



| | |
|--|--|
| Principal Place of Business 205 E. CENTRAL BLVD., SUITE 304 ORLANDO FL 32801 | Mailing Address 205 E. CENTRAL BLVD., SUITE 304 ORLANDO FL 32801 |
|--|--|

DO NOT WRITE IN THIS SPACE

| | | | |
|--|---|--|--|
| 2. Principal Place of Business 21 8466 N LOCKWOOD RIDGE RD | 2a. Mailing Address 26 8466 N LOCKWOOD RIDGE RD | 4. FEI Number 650825883 | Applied For <input type="checkbox"/> Not Applicable |
| Suite/Apt. #, etc. 22 321 | Suite/Apt. #, etc. 27 321 | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| City & State 23 SARASOTA, FL | City & State 28 SARASOTA, FL | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| Zip 24 34243 | Zip 29 34243 | 30 | 8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

9. Name and Address of Current Registered Agent

NISI, FRANK P JR.
205 E. CENTRAL BLVD., SUITE 304
ORLANDO FL 32801

10. Name and Address of New Registered Agent

| |
|--|
| 81 Name NISI, FRANK P. JR |
| 82 Street Address (P.O. Box Number is Not Acceptable) 918 ORANGE AVE, SR B |
| 83 |
| 84 City WINTER PARK |
| 85 Zip Code FL 32789 |

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 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|---------------------------------|--|--|
| TITLE D | <input type="checkbox"/> DELETE | 1.1 TITLE CRIDER, RONALD D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME CRIDER, RONALD D | | 1.2 NAME | |
| STREET ADDRESS 6211 MEDICI CT., APT. 110 | | 1.3 STREET ADDRESS 8466 N LOCKWOOD RIDGE RD #321 | |
| CITY-ST-ZIP SARASOTA FL 34243 | | 1.4 CITY-ST-ZIP SARASOTA, FL 34243 | |
| TITLE D | <input type="checkbox"/> DELETE | 2.1 TITLE BROWN, KAREN L | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME BROWN, KAREN L | | 2.2 NAME | |
| STREET ADDRESS 6211 MEDICI CT., APT. 110 | | 2.3 STREET ADDRESS 8466 N LOCKWOOD RIDGE RD #321 | |
| CITY-ST-ZIP SARASOTA FL 34243 | | 2.4 CITY-ST-ZIP SARASOTA, FL 34243 | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 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 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: **Ronald D. Crider** SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/25/99 513-632-4818

CR2E034 (11/98)