Mar 14, 1999 8:00 am Secretary of State

03-14-1999 90009 028 ***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 # P98000034344

1. Corporation Name

ROYAL GLOBE SERVICES, INC.

1,01,12								
Principal Place	of Business	Mailing Address				Terri dinab sirri ar	1811 8181 1881	
C/O RICHARD G. SNYDER 18602 AVENUE MONACO 18602 AVENUE MONACO					DO NOT WRITE IN THIS	S SPACE		
LUTZ FL 33549 LUTZ FL 33549					3. Date Incorporated or Qualifed			
					04/15/1998		Į	
2. Principal Pla	ace of Rusiness	2a. Mailing Address			4 EEI Number	App	lied For	
21	ace of Business	26			3507437	<u></u>	Applicable	
Suite, Apt. #	t. etc.	Suite, Apt. #, etc.	_		O W A CONTROL Desired & I	\$8.75 Ac	dditional	
22		27			5. Certificate of Status Desired	Fee Req	uired	
City & State		City & State			6. Election Campaign Financing	\$5.00 N		
23		28			Trust Fund Contribution	Added to	Fees	
Zip	Country	Zip	_ Count	гу	8. This corporation owes the current year In	tangible	ا ٠ ا	
24	25	29 3	<u>ol</u>		Personal Property Tax.		□No	
	9. Name and Address of Curre	ent Registered Agent		11 Name	10. Name and Address of New Registered	<u> </u>		
HIGR	EE, R. ALAN ESQ.			i ivaine		· ·		
FOWLER, WHITE GILLEN, BOGGS, P.A.				Street Addre	treet Address (P.O. Box Number is Not Acceptable)			
	E. KENNEDY BLVD., SUITE 17(8	3		Taraba e e e e Taraba a a a a a a	33 34 8	
1	PA FL 33602				海罗尼巴克里斯特尼	42 (基种)	Lind in	
1			8	4 City	FI	85 Zip C	ode	
dd Dyrnyont t	o the provisions of Sections 607.05	502 and 607 1508 Florida Statutes	the abo	ve-named com	oration submits this statement for the purpose o	f changing its r	egistered	
office or re	edistered agent, or both, in the State	e of Florida. Such change was auti	norizea (by the corporation	on's board of directors. I hereby accept the appo	intment as reg	istered	
agent. I ar	n familiar with, and accept the oblig	jations of, Section 607.0505, Florid	a Statut	es.			ļ	
SIGNATURE	Signature, typed or printed name of registered ag	gent and title if applicable. (NOTE R	egistered A	gent signature required	d when reinstating) DATE			
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR		
TITLE	D	☐ DELETE	1.1 TITLE			Change	☐ Addition	
NAME	SNYDER, RICHARD G		1.2 NAM	E (
STREET ADDRESS	18602 AVENUE MONACO		1.3 STRI	EET ADDRESS				
CITY-ST-ZIP	LUTZ FL 33549		1.4 CITY	-ST-ZIP				
TITLE		☐ DELETE	2.1 TITLE	·		☐ Change	☐ Addition	
NAME			2.2 NAM	i	•	•	}	
STREET ADDRESS			23 STR	EET ADDRESS				
CITY-ST-ZIP			_	/-ST-ZIP		Change	Addition	
TITLE		☐ DELETE	3.1 TITLE			□ Change		
NAME			3.2 NAM					
STREET ADDRESS				EET ADDRESS				
CITY-ST-ZIP		☐ DELETE	3.4. CIT	/-ST-ZIP		☐ Change	Addition	
TITLE		_ SELETE	4.7 ITE	ì		٠		
NAME				EET ADDRESS		•		
STREET ADDRESS			l					
CITY-ST-ZIP		DELETE	5.1 TITU	-ST-ZIP	<u> </u>	☐ Change	Addition	
NAME			5.2 NAM			-		
STREET ADDRESS				EET ADDRESS	•			
CITY-ST-ZIP				-ST-ZIP		•		
TITLE		□ DELETE	6.1 TITL			☐ Change •	☐ Addition	

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 changes, or on an attachment with an address, with all other like empowered.

6.2 NAME

6,3 STREET ADDRESS

6.4 CITY-ST-ZIP

DELETE

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

K & Snyder

SIGNATURE:

TITLE

NAME

STREET ADDRESS

RICHARD G. SNYDER