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May 04, 1999 8:00 am
Secretary of State

05-04-1999 90091 004 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000046705

1. Corporation Name

R.R. VENTURES OF N.W. FLORIDA, INC.

Principal Place of Business

911 CORONADO DRIVE
GULF BREEZE FL 32561

Mailing Address

911 CORONADO DRIVE
GULF BREEZE FL 32561

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/21/1998

4. FEI Number

59-3522328

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 813 ARIOLA DRIVE

Suite, Apt. #, etc.

22 City & State

23 PENSACOLA BEACH, FL

24 32561 25 U.S.

9. Name and Address of Current Registered Agent

BROWN, GERALD L
911 CORONADO DRIVE
GULF BREEZE FL 32561

2a. Mailing Address

26 30 SPRING STREET

Suite, Apt. #, etc.

27 City & State

28 PENSACOLA, FL

29 32501 30 U.S.

10. Name and Address of New Registered Agent

81 Name

82 BROWN, GERALD L.

83 Street Address (P.O. Box Number is Not Acceptable)

84 30 S. SPRING STREET

85 City

PENSACOLA, FL

86 State

87 Zip Code

32501

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

TITLE D ☐ DELETE

NAME THROM, THOMAS L JR
STREET ADDRESS 911 CORONADO DRIVE
CITY-ST-ZIP GULF BREEZE FL 32561

TITLE D ☐ DELETE

NAME SALTER, DWAYNE
STREET ADDRESS 911 CORONADO DRIVE
CITY-ST-ZIP GULF BREEZE FL 32561

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☒ Change ☐ Addition

1.2 NAME THOMAS L. THROM JR

1.3 STREET ADDRESS 813 ARIOLA DRIVE

1.4 CITY-ST-ZIP PENSACOLA BEACH, FL 32561

2.1 TITLE V.P. ☒ Change ☐ Addition

2.2 NAME DWAYNE SALTER

2.3 STREET ADDRESS 1648 MAUNA KEA COURT

2.4 CITY-ST-ZIP PENSACOLA GULF BREEZE FL 32561

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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: THOMAS L. THROM JR. 4/28/99 (850) 916-1184

CR2E034 (11/98)