


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 15, 1999 8:00 am**  
**Secretary of State**  
07-15-1999 90008 001 \*\*\*150.00

PROFIT CORPORATION  
ANNUAL REPORT  
1999



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

**DOCUMENT # P98000064344** ✓  
1. Corporation Name  
**ST. JOHNS RIVER RAT ENTERPRISES, INC.**

Principal Place of Business 251 ST. JOHNS RIVER PLACE LANE JACKSONVILLE FL 32259	Mailing Address 251 ST. JOHNS RIVER PLACE LANE JACKSONVILLE FL 32259
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/22/1998	
21		26		4. FEI Number 59-3532840	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24		29			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MCNEIL, BARRY L 251 ST. JOHNS RIVER PLACE LANE JACKSONVILLE FL 32259		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		85	Zip Code

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 \_\_\_\_\_ (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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCNEIL, BARRY L	1.2 NAME	
STREET ADDRESS	251 ST. JOHNS RIVER PLACE LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32259	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCNEIL, JUDITH A	2.2 NAME	
STREET ADDRESS	251 ST. JOHNS RIVER PLACE LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32259	2.4 CITY-ST-ZIP	
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.

SIGNATURE: *Barry L McNeil* 7-6-99 904-2873201

CR2E034 (5/99)

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PIERCE, DEEGAN & HODGIN  
PROFESSIONAL ASSOCIATION  
CERTIFIED PUBLIC ACCOUNTANTS  
4001 WEST NEWBERRY ROAD  
BUILDING A, SUITE IV  
GAINESVILLE, FLORIDA 32607  
(352) 375-7739  
FAX (352) 375-6637

July 9, 1999

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, Florida 32314

To whom it may concern:

Enclosed is the *1999 Profit Corporation Annual Report*, Second Notice for **ST. JOHNS RIVER RAT ENTERPRISES, INC.** The Corporation has no record of ever receiving the First Notice. The Corporation has enclosed a check for \$150.00 to cover the cost of the Annual Report had the first notice been received. We ask that this be accepted as a timely filing.

Thank you for your attention to this matter and should you require additional information please contact us.

Sincerely yours,



Pierce, Deegan & Hodgins, PA, CPA  
Professional Association  
Certified Public Accountants

PDH:pdh  
Enclosures