


**FILED**  
**Apr 13, 1999 8:00 am**  
**Secretary of State**

04-13-1999 90104 038 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P98000083371</b>					
1. Corporation Name <b>R &amp; J TOTAL SOLUTIONS, INCORPORATED</b>					
Principal Place of Business <b>3018 BLACK CREEK DRIVE          MIDDLEBURG FL 32068</b>			Mailing Address <b>3018 BLACK CREEK DRIVE          MIDDLEBURG FL 32068</b>		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business <b>21 3046 Black Creek Drive</b>			2a. Mailing Address <b>26 3046 Black Creek Drive</b>		
Suite, Apt. #, etc. <b>22</b>			Suite, Apt. #, etc. <b>27</b>		
City & State <b>23 Middleburg FL</b>			City & State <b>28 Middleburg FL</b>		
Zip <b>24 32068</b>			Zip <b>29 32068</b>		
Country <b>25 USA</b>			Country <b>30 USA</b>		
3. Date Incorporated or Qualified <b>09/25/1998</b>			4. FEI Number <b>59-3533180</b>		
5. Certificate of Status Desired <input type="checkbox"/>			Applied For <input type="checkbox"/> Not Applicable		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>			\$8.75 Additional Fee Required		
7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$5.00 May Be Added to Fees		
9. Name and Address of Current Registered Agent <b>MILLS, JUDY G          3018 BLACK CREEK DRIVE          MIDDLEBURG FL 32068</b>			10. Name and Address of New Registered Agent <b>81 Name Judy G. Mills          82 Street Address (P.O. Box Number is Not Acceptable) 3046 Black Creek Drive          83          84 City Middleburg FL 85 Zip Code 32068</b>		
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 <i>Judy A. Mills</i>			DATE <b>4/5/99</b>		
(NOTE: Registered Agent signature required when resigning)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <b>PRESIDENT</b> <input type="checkbox"/> DELETE NAME <b>Judy G. Mills</b> STREET ADDRESS <b>3046 Black Creek Dr.</b> CITY-ST-ZIP <b>Middleburg, FL. 32068</b>			1.1 TITLE <b>TREASURER</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME <b>RANDY A. Mills</b> 1.3 STREET ADDRESS <b>3046 Black Creek Dr.</b> 1.4 CITY-ST-ZIP <b>Middleburg, FL. 32068</b>		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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:

*Judy G. Mills*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Judy G. Mills, Pres.* **4/5/99** **904-291-6708**  
 Date Daytime Phone #  
*Judy A. Mills* *Judy G. Mills, Pres.* **4/23/99**

CR2E034 (1/1/98)