

06/07/1999

11:51

CCRS → 18509325434

NO. 307

D02

FILE NOW: FILING FEE AFTER MAY 15! IS \$550.00**PROFIT
CORPORATION
ANNUAL REPORT
1999**FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 JUN -8 PM 4:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**DOCUMENT #** P98000087555

1. Corporation Name

RUM ISLAND REALTY INC

Principal Place of Business

2107 Hwy 87
Navarre Fl 32566

Mailing Address

8139 CARMONA ST
NAVARRE FL 32566

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
13 Oct 19984. FEI Number
59-3537159Applied For
Not Applicable6. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required8. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 2107 Hwy 87

Suite, Apt. #, etc

2a. Mailing Address

26 8139 Carmona

Suite, Apt. #, etc

City & State

23 Navarre Florida

Zip Country

24 32566

25 Santa Rosa

City & State

28 Navarre Florida

Zip Country

29 32566

30 Santa Rosa

9. Name and Address of Current Registered Agent

PHILLIP V ROY
8139 CARMONA ST
NAVARRE FL 32566

10. Name and Address of New Registered Agent

81 Name

NONE

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

83

84 City

FL

85 Zip Code

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 PHILLIP V ROY President

7 June 1999

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

(NOTE: Registered Agent signature required when re-registered)

DATE

12. OFFICERS AND DIRECTORS

TITLE President ☐ DELETE
NAME Phillip V Roy
STREET ADDRESS 8139 Carmona St
CITY-ST-ZIP Navarre Fl 32566TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Sec/Trea ☐ DELETE
NAME Phillip V Roy
STREET ADDRESS 8139 Carmona St
CITY-ST-ZIP Navarre Fl 32566TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME 200002902832
1.3 STREET ADDRESS -06/11/99--01105--021
1.4 CITY-ST-ZIP ****158.75 ****158.752.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 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)(l), 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: PHILLIP V ROY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7 June 1999

Date

850-217-5628

Daytime Phone

CR2E034 (11/98)

2

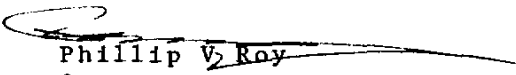
Divisions of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

7 June 1999

TO WHOM IT MAY CONCERN:

Due to not receiving by mail the Corporation Annual Report form for
filing on Rum Island Realty Inc would you please consider waiving
the Penalty Fee.

Thank You


Phillip V. Roy
Owner