

FILING FEE: FILING FEE AFTER MAY 1ST IS \$500.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jun 22, 1999 8:00 am
Secretary of State

06-22-1999 90004 046 ***150.00

DOCUMENT # **P980000093426**

1. Corporation Name

R & T Technologies Corp.

Principal Place of Business

**1516 Crestwood Cir W
Lehigh Acres Fl 33936**

Mailing Address

**1516 Crestwood Cir W.
Lehigh Acres Fl 33936**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11-04-1998

4. FEI Number

650874947

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 1516 Crestwood Cir W

22 Lehigh Acres Fl

23 Lehigh Acres Fl

24 33936 25 Lee

2a. Mailing Address

26 1516 Crestwood Cir W

27 Lehigh Acres Fl

28 Lehigh Acres Fl

29 33936 30 Lee

9. Name and Address of Current Registered Agent

**Ameri lawyer
343 Almeria Ave
Coral Gables Fl
33134**

10. Name and Address of New Registered Agent

**81 Name: Ameri lawyer
82 Street Address (P.O. Box Number is Not Acceptable)
343 Almeria Ave
83
84 City: Coral Gables FL 85 Zip Code: 33134**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Johnson Ryan T	1.2 NAME	
STREET ADDRESS	1516 Crestwood Cir W	1.3 STREET ADDRESS	
CITY-ST-ZIP	Lehigh Acres Fl 33936	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Johnson Travis	2.2 NAME	
STREET ADDRESS	1516 Crestwood Cir W	2.3 STREET ADDRESS	
CITY-ST-ZIP	Lehigh Acres Fl 33936	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Johnson Kimberly	3.2 NAME	
STREET ADDRESS	1516 Crestwood Cir W	3.3 STREET ADDRESS	
CITY-ST-ZIP	Lehigh Acres Fl 33936	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Johnson Kristan	4.2 NAME	
STREET ADDRESS	1516 Crestwood Cir W	4.3 STREET ADDRESS	
CITY-ST-ZIP	Lehigh Fl 33936	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hobb, Larry	5.2 NAME	
STREET ADDRESS	1516 Crestwood Cir W	5.3 STREET ADDRESS	
CITY-ST-ZIP	Lehigh Acres Fl 33936	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Johnson Laura D	6.2 NAME	
STREET ADDRESS	1516 Crestwood Cir. W	6.3 STREET ADDRESS	
CITY-ST-ZIP	Lehigh Acres Fl 33936	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:

Ryan T Johnson Ryan T Johnson PD 04-30-99 9413680502

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)