PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90227 024 ***150.00

DOCUM	MENT # P980	00103299	·						
1. Corporation	RDS CONST. CO.			 1.0017.011.530 4830.10111 0.012 88713 88104.11871 49110 31517 16919 1715 5454.1031					
Dissipat Blace	of Business	Mailing Address							
100 SOUTH US 129 100 SOUTH US 129 BELL FL 32619 BELL FL 32619			•			OO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed	7		
İ						12/10/1998			
2. Principal Pla	Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For			
21		26	26			59-354767/ Not Applicable	4		
Suite, Apt. 1	#, etc.	Suite, Apt. #,	etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required			
City & State	•	City & State	City & State			Election Cempaign Financing Trust Fund Contribution Added to Fees			
	Country	Zip	c	ountry.		=8,-This corporation owes the current year Intangible	-]		
24 .	25	29	30			Personal Property Tax.	4		
	9. Name and Address of (urrent Registered Agent		81	Name	10. Name and Address of New Registered Agent	1		
1	ROS, R			82		ress (P.O. Box Number is Not Acceptable)	-		
,	Outh US 129 Fl. 32619			83			┨		
BELL	FL 32018			83			_		
1				84	City	FL 85 Zip Code	┧.		
11. Pursuant (office or re agent, I ar	to the provisions of Sections 66 agistered agent, or both, in the m familiar with, and accept the	7.0502 and 607.1508, Florid State of Florida. Such chan obligations of, Section 607.0	ia Statutes, the e was authoriz 505, Florida St	above ed by i atutes.	-named cor the corporat	poration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered			
SIGNATURE						ed when reinstating) DATE			
12.	Signature, typed or printed name of registe OFFICE	RS AND DIRECTORS	13			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12] 8		
TITLE		[] OI	LETE 1.1	TITLE	1	P/O Change DrAddillion	ĪΞ		
NAME			12	NAME	F	RD Edwards Chairman	잘		
STREET ADDRESS			1.3	STREET	ADDRESS	Same as above CHAIRMAN	CRZE034 (11/98)		
CITY-ST-ZIP				CITY-ST	-ZPP		-18		
TITLE		□ D€		ΠŢĘ	-	Cottology My Edwards	1		
HAME				NAME		COA TURAL	1		
STREET ADDRESS				SINCE!		same as about sec-1814s	1		
CITY-ST-ZIP	<u> </u>			TITLE		J P / D □ Change □ Addition	1 - 1		
NAME			3.2	NAME		Comes Edwards	1		
STREET ADDRESS			3.3	STREET	ADDRESS 2	400 NW ZETH ST PRESIDENT	ì		
CITY-ST-ZIP			3.4	CITY-SI	r-ZIP S	3d1, FL 32619	4		
TITLE -		.DI	LETE 4.1	TITLE		Change Addition	-		
NAME				NAME		D Edwards Jer VICEPRESIDE	15		
STREET ADDRESS							1		
CITY-ST-ZIP	l		4.4	CITY-ST	-ZIP (301, FL 32619	4		

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807, 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.

S.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

53 STREET ADORESS

6.3 STREET ADORESS

5.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

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CNATIC	E ALIE	VIDED A	a Debart	EN MAME	OF BLOWN	OFFICER	OR DIRECT	TOD

DELETE

DELETE

Change

Change

Addition

☐ Addition