## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

S02270

(4)

R & S CONSTRUCTION OF CENTRAL FLORIDA, INC.

Driveries I Diseased Drivers		
Principal Place of Business	Mailing Address	
5710 MOONLIGHT CIR ORLANDO FL 32839-4009	5710 MOONLIGHT CIR ORLANDO FL 32839-4009	

**FILED** Feb 13 1998 8:00am Secretary of State



Principal Place of Business Mailing Address			4 TESKURUR THE REFLA HEALT HORIS DEAL BLOCK SEGEN BLOCK DICKLINGS		
5710 MOONLIGHT CIR ORLANDO FL 32839-4009		•	5710 MOONLIGHT CIR ORLANDO FL 32839-4009		
					DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
2. Principal P	lace of Business	2a, Mailing Address			09/24/1990 4. FEI Number Applied For
21		26. Maining Address			59-3030957 Applied For
Suite, Apt.	#, etc	Suite, Apt. #, etc.			\$8.75 Additional
22		27			6. Certificate of Status Desired Fee Required
City & State	е	City & State			Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Count	ry	8. This corporation owes or has paid the current year Intangible
24	25	29 3	<u>o </u>		Personal Property Tax due June 30.  Yes No
<b></b>	9. Name and Address of Curren	i riegisterea Agent	8	1 Na	10. Name and Address of New Registered Agent
	SHOP, ROBIN L		*	'  <sup>Ival</sup>	une
	'10 MOONLIGHT CIR		8:	2 Stre	eet Address (P.O. Box Number is Not Acceptable)
Of	RLANDO FL 32809		8:	2	
			8	•	
			84	4 City	y FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607 1508, Florida Statutes	, the abo	ve-nan	med corporation submits this statement for the purpose of changing its registered
office or r	egistered agont, or both, in the State in familiar with And accept the obliga	of Florida, Such change was aut thous of, Section 607 0505, Florid	horized b	by the	corporation's board of directors. I hereby accept the appointment as registered
GICNIATI IDE		- Robi			15H6P 2-9-98
	Signature typed or pented name of registered age	or a Not be it applicable (NOTE F	Registered A	ngia Inso	nature required when reinstating) DATE
12.	OFFICERS AND		13,		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DTSM	L] DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BISHOP, ROBIN L		1.2 NAME		
STREET ADORESS	5710 MOONLIGHT CIR		1.3 STREE		ESS
City-\$t-zip	ORLANDO FL	- Depter	1.4 CITY		
TITLE	PD BIGUOD BUCCEU	☐ DELETE	2.1 TITLE		Change Addition
NAME	BISHOP, RUSSELL		2.2 NAME		
STREET ADDRESS	5710 MOONLIGHT CIR		2.3 STREE		122
CITY-ST-ZIP THTLE	ORLANDO FL	DELETE	2.4 CITY		
	vo Lewis, steve		31 TITLE		Change Addition
NAME STREET ADORESS	5710 MOONLIGHT CIR		3.2 NAME		
STREET ADDRESS	ORLANDO FL		3.3 STREE		
CITY-ST-ZIP TITLE	ONDANDO FL	DELETE	3.4. CiTY-		Change Addition
NAME		C OLLLIC			Change E AUURIUI
STREET ADDRESS			4. 2 NAMI		
			4.3 STREE		100
CITY-SF-ZIP TITLE		DELETE	4.4 City-ST-ZIP 5.1 TITLE		Change Addition
NAME		order	5.2 NAME		C Orange C Addition
STREET ADDRESS			5.3 STREE		ree
CITY-ST-ZIP					100
TITLE		DELETE	5.4 CITY- 6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREE		ree [
CITY-ST-ZIP			6.4 CITY-		
Q111-31-21F [			■ 0.4 UHY~	01-41	, , , , , , , , , , , , , , , , , , ,

14. I hereby cortify 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 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 frustee emplowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed or on an attachment with an address.