

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # 503198 AMENDED REPORT

1. Corporation Name  
R.T.M. GENERAL CONTRACTORS, INC.

Principal Place of Business

Mailing Address

APPROVED  
AND  
FILED

99 OCT 13 PM 2:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

000003015310--0  
-10/14/99--01104--001  
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 205 RED BUD LN.	26 205 RED BUD LN.	59-3011325	Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 City & State	28 City & State	<input checked="" type="checkbox"/> Yes	\$5.00 May Be Added to Fees
24 32779 25 USA	29 32779 30 USA	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

TOM AULT  
9956 TIMBER OAKS CT.  
ORLANDO, FL. 32817

81 Name RUSSELL L. DEVORE  
82 Street Address (P.O. Box Number is Not Acceptable)  
205 RED BUD LN.  
83  
84 City LONGWOOD FL 85 Zip Code 32779

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 RUSSELL L. DEVORE  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 10-5-99

12 OFFICERS AND DIRECTORS		13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PRESIDENT AS OF 9-3-98	1.1 TITLE	PRESIDENT
1.2 NAME	TOM AULT	1.2 NAME	RUSSELL L. DEVORE
1.3 STREET ADDRESS	9956 TIMBER OAKS CT.	1.3 STREET ADDRESS	205 RED BUD LN.
1.4 CITY-ST-ZIP	ORLANDO, FL. 32817	1.4 CITY-ST-ZIP	LONGWOOD, FL. 32779
2.1 TITLE		2.1 TITLE	VICE PRESIDENT
2.2 NAME		2.2 NAME	TOM AULT
2.3 STREET ADDRESS		2.3 STREET ADDRESS	9956 TIMBER OAKS CT.
2.4 CITY-ST-ZIP		2.4 CITY-ST-ZIP	ORLANDO FL 32817
3.1 TITLE		3.1 TITLE	SECRETARY
3.2 NAME		3.2 NAME	RUSSELL L. DEVORE
3.3 STREET ADDRESS		3.3 STREET ADDRESS	205 RED BUD LN.
3.4 CITY-ST-ZIP		3.4 CITY-ST-ZIP	LONGWOOD, FL. 32779
4.1 TITLE		4.1 TITLE	Treasurer
4.2 NAME		4.2 NAME	RUSSELL L. DEVORE
4.3 STREET ADDRESS		4.3 STREET ADDRESS	205 RED BUD LN.
4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP	LONGWOOD, FL. 32779
5.1 TITLE		5.1 TITLE	
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6.1 TITLE		6.1 TITLE	
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP		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: RUSSELL L. DEVORE RUSSELL L. DEVORE 10-5-99 4078622493  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)