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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997			DIVISION OF CORPORA	TIONS
	DOCUMENT # SO 1. Corporation Name R & R CONSULTING CO		(0)	
	Principal Place of Business	Mail	ing Address	
	AND TRICLICAL TERRANE	221	TRICUEN TERRAPE	

FILED Feb 03 1997 8:00am Secretary of State



Principal Place	e of Business	Mailing Address 331 TRISMEN TERRACE WINTER PARK FL 32789-3949			4 (00)1010 111 88111 01000 11101 31109 3111	ALBIT MINT OF	MECANIMAN MANA	A1016 1006	
331 TRISMEN T WINTER PARK									
						3. Date Incorporated or Qualified 10/01/1990		te of Last R	teport
2. Principal P.	ace of Business	2a. Mailing	Address			4. FEI Number			oplied For
21		26	26			59-3033616	Not Applicable		
Suite, Apt #, etc.		Suite, A	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional equired
City & State	0	City & S	State			6. Election Campaign Financing		\$5.00	May Be
23		28		·		Trust Fund Contribution			to Fees
Zip	Country	Zip		Country		8. This corporation has liability for i	ntangible i	tax under s	. 199.032,
24	25	29		30			Yes 🖺		
	9. Name and Address of Curr	ent Registered Ag	gent	81	Name	10. Name and Address of New Re	gistered A	gent	
DYE, ROY T. 331 TRISMEN TERRACE WINTER PARK FL 32789				82	, , , _ , , ,	Address (P.O. Box Number is Not Acceptable)			
				84	City		FL	85 Zip	Code
office or r agent. La	registered agent, or both, in the Starm familiar with, and accept the ob-	ate of Florida. Such ligations of, Section	change was a n 607.0505, Fk	authorized by orida Statute	the corpor s.	rporation submits this statement for the p ation's board of directors. I hereby accep- quired when renstating)	of the appo	intment as	registered
12.		AND DIRECTORS	(10)	13.	an aignation req	ADDITIONS/CHANGES TO OFFICE		DIRECTOR	3S IN 12
TITLE	D	110 01120 0110	DELETE	1.1 TITLE				Change	Addition
NAME	DYE, ROY T.			1.2 NAME					
STREET ADDRESS	331 TRISMEN TERRACE			1.3 STREET	ADDRESS				
City-St-ZiP	WINTER PARK FL			1.4 CITY - S	- 1				
TITLE			DELETE	2.1 TITLE				Change	Addition
NAME				2.2 NAME					
STREET ADDRESS				2.3 STREET	ADDRESS				
CITY-ST-20P				2. 4 CITY -	ST - ZIP	·*			
TITLE			DELETE	31 TITLE			*************	Change	Addition
NAME				32 NAME					
STREET ADDRESS				3.3 STREET	ADDRESS				
C(TY - ST - ZIP				34 CITY-	ST-ZIP				
TITLE) DELETE	4.1 TITLE				Change	Addition
NAME				4. 2 NAME					
STREET ADDRESS				4.3 STREET	ADDRESS				
CITY-\$1-2IP				4.4 CITY - S	T - ZIP				
TITLE			DELETE	5.1 TITUE				Change	Addition
NAME				5.2 NAME]				
STREET ADDRESS				5.3 STREET	ADDRESS				
CITY - ST - 7)F				5.4 DITY-5	IT-ZIP				
TITLE			☐ DELETE	61 TITLE	-			Change	Addition
NAME				6.2 NAME	-				
STREET ADDRESS				6.3 STREET	ADDRESS				
City - St - ZiP				6.4 CHTY-1					·
14 Lete horel	har constitutions that information range	tioned courtly the bar fillings .				ad in Castian 110 07/2/(i) Florida Ctatuta	_ 4		alm a

4. I do 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 of vustee 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 artisoliment with an address.

SIGNATURE:

PRO OR PRIMED NAME OF PROVING OFFICER OR DIRECTOR

1-28-97

(407) 644-020**0**