

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham

Secretary of State

DIVISION OF CORPORATIONS

19964-1290

B 3163 C

DOCUMENT # S16004

1. Corporation Name

R & R WORKS, INC.

Principal Place of Business

3267 LANDMARK DRIVE
CLEARWATER FL 34621

Mailing Address

26750 U.S. HWY 19TH N.
SUITE 310
CLEARWATER FL 34621-3455
US



2. Principal Place of Business

2a. Mailing Address

2630846 US Hwy 19 N

3. Date Incorporated or Qualified

12/04/1990

3a. Date of Last Report

07/11/1995

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Palm Harbor, FL

24

Zip

Country

29

34684

30

US

4. FEI Number

59-3139938

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEVENREICH, DAVID C.
1230 S. MYRTLE AVE.
SUITE 206
CLEARWATER FL 34616

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

406 S. Prospect

83

84 City

Clearwater,

FL

85 Zip Code

34616

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 FEI, if applicable

(NOTE: Registered Agent signature required when first filing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ DELETE
DPS	RODRIGUEZ, ALBERT H.	3267 LANDMARK DR.	CLEARWATER FL	
DPT	RODRIGUEZ, DONNA J.	3267 LANDMARK DR.	CLEARWATER FL	

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-ST-ZIP	☐ Change ☐ Addition
1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/96 813-786-7887

CR2E034 (12/95)