

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S24998** (4)

1. Corporation Name

R.L. ENTERPRISES, INC.



Principal Place of Business

**1005 MAR WALT DRIVE
FT WALTON BEACH FL 32547
US**

Mailing Address

**1005 MAR WALT DRIVE
FT WALTON BEACH FL 32547
US**

3. Date Incorporated or Qualified
01/11/1991

3a. Date of Last Report
08/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3114191

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

**ANCHORS, DON
909 N. E. MAR WALT DR
FT. WALTON BEACH FL 32547**

81 Name

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

83

84 City

FL

85 Zip Code

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
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
and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Type or printed name of registered agent and the officer applying)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **D RIGGENBACH, ROGER D**
STREET ADDRESS **1005 MAR WALT DR**
CITY-ST-ZIP **FT WALTON BEACH FL**

1 1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **D LAUGHLIN, THEODORE D**
STREET ADDRESS **1005 MAR WALT DR**
CITY-ST-ZIP **FT WALTON BEACH FL**

2 1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3 1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4 1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5 1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6 1 TITLE ☐ Change ☐ Addition

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 on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/96
DATE

904 862 1178
Daytime Phone #

CR2E034 (12/95)