**FILED** 

03-05-1999 90091 003 \*\*\*158.75

## EILE 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** 

DOCUI	MENT # S57073					:				
	RV3, INC.									
GEO 30	UAS' IIAO'					1181			1811 SHBH BHBH B	IANA ANAMANAN
Principal Place of Business Mailing Address						[ [ [ [ ]	BULLIE (BU EIUU IBBU BBUU I	INCON HUE BIRSI N	(MIC MENTS MINES M	INTERNATION
19012 FIRST ST	TREET. SW	POST OFFICE BOX 1708								
LUTZ FL 33549 LUTZ FL 33549-1708							20 107 45	NEE IN THIS	00405	
US		US				a Date Inc	corporated or Qualife	RITE IN THIS	SPACE	<del></del>
						06/04/	•	<b>.</b>		
n Dringing D	lace of Business	2a. Mailing Address				4. FEI Nun			Ant	olied For
21	lace of business	26	•	-	-4	59-30				Applicable
Suite, Apt.	#. etc.	Suite, Apt.#, etc.	حدو						\$8.75 A	dditional
22	., 5	27				5. Certifcat	te of Status Desired		Fee Re	quired
City & State	e	City & State				6. Election	Campaign Financing	, ப	\$5.00	May Be
23		28 LUT2 FLA				Trust Fu	ind Contribution		Added to	Fees
Zip	Country	Zip (C + S	Country	•		8. This cor	poration owes the cu	rrent year Int		
24	25	29 33548-1708 30					Property Tax.			□No
	9. Name and Address of Current	Registered Agent	- 04	Na		10. Name a	nd Address of New	Registered	Agent	
COT	TEDIL DONALD E		81	Name		,				
COTTERILL, RONALD E. 3511 US HWY 19 NORTH				Street	Addres	ss (P.O. Box I	Number is Not Accep	table)	:	
		83			·					
Suite #302 Palm Harbor Fl 34684			8.5							
IALI	A TECHDOTT C OTOOT		84	City				FL	85 Zip C	ode
	to the provisions of Sections 607.0502	COT 4500 Florida Chabitan A	<u> </u>	a named		ration aubmite	this statement for th		changing its	registered
office or r	egistered agent, or both, in the State o	if Florida. Such change was autho	rized by	tne corpo	oration	's board of di	rectors. I hereby acc	ept the appoi	ntment as reg	jistered
agent. I a	m familiar with, and accept the obligati	ons of, Section 607.0505, Florida	Statutes	i.						
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: Regi	IADA hereta	nt sionatura c	equired v	vhen reinstating)		DATE		
12.	OFFICERS AND		13.		Δ		NS/CHANGES TO O	FFICERS AN	ID DIRECTO	RS IN 12
TITLE !	P	☐ DELETE	1.1 TITLE		7				Change	Addition
NAME	PIERCEFIELD, DAYNE R.		1.2 NAME		_	0/2 1	TEROLD FIRST ST	$1.9\omega$		}
STREET ADDRESS	19012 FIRST STREET, SW		1.3 STREET ADDRESS		1 -					Ì
CITY-ST-ZIP	LUTZ FL 33549		1.4 CITY-ST-ZIP		レレ	UT2, 1	F-la 335	744		
TITLE	VPST	☐ DELETE	2.1 TITLE						☐ Change	☐ Addition
NAME	BURDICK, BURCE H.		2.2 NAME			•				
STREET ADDRESS	19012 FIRST STREET SW		2.3 STREET ADDR							į
CITY-ST-ZIP	LUTZ FL 32549		2.4 CMY-ST-ZIP			(				
TITLE	D	☐ DELETE	3.1 TITLE			40-			☐ Change	☐ Addition
NAME	PIERCEFIELD, DAYNE R.		3.2 NAME		İ					ļ
STREET ADDRESS			3.3 STREET ADDRESS				•			
CITY-ST-ZIP	LUTZ FL 33549		3.4, CITY-ST-ZIP							
TITLE	VP	🔀 DELETE	4,1 TITLE						Change	Addition
NAME	LONG, JEROLD		4.2 NAME							
STREET ADDRESS	19012 1ST STREET SW	Ì	4.3 STREET ADDRESS							
CITY-ST-ZIP	LUTZ FL 33549		4.4 CITY-ST-ZIP		<u> </u>				Chann	Addition
TITLE		☐ DELETE	5.1 TITLE						Change	
NAME			5.2 NAME	T ADDDESS	ļ					
STREET ADDRESS				TADORESS	İ					
CJTY-ST-ZIP		Посте	5.4 CITY-S		-		<u> </u>		Change	Addition
TITLE		<b></b>	6.2 NAME							

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 suppliemental annual report is frue 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 receiper 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 or an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS