

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

FILED

Apr 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # S76835 (5)

1. Corporation Name
R. H. D. P. INC.

Principal Place of Business
8043 US HWY 17 SOUTH
GREEN COVE SPRINGS FL 32043
US

Mailing Address
P.O. BOX 1094
GREEN COVE SPRINGS FL 32043-1094



2. Principal Place of Business

21

State, Apt. #, etc.

22. City & State

23. Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

ROSS, HAZEL M.
8043 U.S. HWY 17 S
GREEN COVE SPRINGS FL 32043

3. Date Incorporated or Qualified

08/29/1991

3a. Date of Last Report

04/10/1996

4. FEI Number

59-3105172

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

10. Name and Address of New Registered Agent

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 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 *Hazel M. Ross*

Signature of registered agent or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reinstating.)

DATE

3-25-97

12. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> DELETE
NAME	ROSS, HAZEL M.	
STREET ADDRESS	8043 U.S. HWY 17 S	
CITY-ST-ZIP	GREEN COVE SPRINGS FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	HUBBARD, MARY ANN	
STREET ADDRESS	6043 HWY 17 SOUTH	
CITY-ST-ZIP	GREEN COVE SPRINGS FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SOBBOTTA, CHRISTY	
STREET ADDRESS	P.O. BOX 1094	STREET ADDR. N/A
CITY-ST-ZIP	GREEN COVE SPRINGS FL	← MAIL ADDRESS
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	REED, SHIRLEY	
STREET ADDRESS	P.O. BOX 1094	
CITY-ST-ZIP	GREEN COVE SPRINGS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: *Hazel M. Ross* *Hazel M. Ross*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-97 904-284-4009

Date

Daytime Phone #

CR2E034 (9/96)