FILE 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

DOCUMENT # \$80278

1. Corporation Name

R & R INC. OF ST. PETERSBURG

Country

9. Name and Address of Current Registered Agent

25

	Principal		Business
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1953 IOWA AVE., N.E. ST PETERSBURG FL 33703

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip

Mailing Address

1953 IOWA AVE., N.E. ST PETERSBURG FL 3370

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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FILED Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90116 045 ***150.00



	DO NOT WRITE IN THIS SPACE				
	3. Date Incorporated or Qualifed	·····			
	09/13/1991				
-	4. FEI Number	Applied For			
	-59-3081600 <u></u>	Not Applicable			
	5. Certificate of Status Desired	\$8.75 Additional Fee Required			
	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Country 30	8. This corporation owes the current year Intangible Personal Property Tax.				
	10. Name and Address of New Registere	d Agent			
81 Name					

GRAHAM, PETER D. Street Address (P.O. Box Number is Not Acceptable) 5200 CENTRAL AVE ST PETERSBURG FL 33707 83 City 84

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.

agent. I am turning with and decopt the obligation of, contain solving the same and										
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
12.	OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12								
TITLE	P DELETE	1.1 TITLE		Change	☐ Addition					
NAME	JEFF REED	1.2 NAME								
STREET ADDRESS	RT 7 BOX 1555	1.3 STREET ADDRESS			.					
CITY-ST-ZIP	ELIZABETH TN	1.4 CITY-ST-ZIP								
TITLE	V □ DELETE	2.1 TITLE		Change	Addition					
NAME	DON REED	2.2 NAME			أ					
STREET ADDRESS	1953 IOWA AVE., N.E.	2.3 STREET ADDRESS	· · · · ·	•						
CITY-ST-ZIP	ST. PETERSBURG FL.	2. 4 CITY-ST-ZIP								
TITLE	DELETE	3.1 TITLE		☐ Change	Addition					
NAME		3.2 NAME			İ					
STREET ADDRESS		3.3 STREET ADDRESS			ì					
CITY-ST-ZIP		3.4. CITY-ST-ZIP								
TITLE	☐ DELETE	4.1 TITLE		☐ Change	Addition					
NAME		4. 2 NAME			j					
STREET ADDRESS		4.3 STREET ADDRESS								
CITY-ST-ZIP		4.4 CITY-ST-ZIP								
TITLE	DELETE	5.1 TITLE	•	Change	☐ Addition }					
NAME		5.2 NAME			J					
STREET ADDRESS		5.3 STREET ADDRESS		•	ŀ					
CITY-ST-ZIP		5.4 CITY-ST-ZIP								
TITLE	DELETE	6.1 सार.E		Change	☐ Addition					
NAME		6.2 NAME	•							
STREET ADDRESS		6.3 STREET ADDRESS			}					
.CITXY-ST-ZIP		6.4 CITY+ST-ZIP								

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 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, with all other like empowered.

SIGNATURE:

Zip Code

85