Applied For

Not Applicable

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

6104

FILED Mar 30, 1999 8:00 am Secretary of State

03-30-1999 90048 045 ***150.00

1 (80) (8)(8)	 188: 618:1 6181: 6181	

D	OCUMENT	#	V1	890	7
1.	Corporation Name		• •	-	- .

RPF INDUSTRIES INCORPORATED

Principal Place of Business

898 HIGHLAND LAKES BLVD. PALM HARBOR FL 34684

2. Principal Place of Business

21

Mailing Address

898 HIGHLAND BLVD. PALM HARBOR FL 34684

P.O. Box

26

		DO NOT WRITE IN	THIS SP	ACE
3.	Date Incorp	orated or Qualifed		

03/03/1992

59-3110849

4. FEI Number

Suite, Apt.	#, etc.	Suite. Apt. #, etc.	<u> </u>	5. Certificate of Status Desired	See Required
City & State	0	28 Palm Harbor	Florida	Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Zip	Country 25	Zip 34684 30	Country	This corporation owes the curre Personal Property Tax.	ent year Intangible ☐ Yes ☐ No
	9. Name and Address of Current	<u> </u>	<u> </u>	10. Name and Address of New R	egistered Agent
1			81 Name		
FLYN	IN, ROGER P.			10000	
898	HIGHLAND BLVD.		82 Street Addr	ess (P.O. Box Number is Not Accepta	DIE)
PALI	M HARBOR FL 34684		83		
[• • • • • • • • • • • • • • • • • • • •				
			84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes,	the above-named corp	oration submits this statement for the	purpose of changing its registered
office or re	egistered agent, or both, in the State on familiar with, and accept the obligat	ot Florida. Such change was auth- ions of, Section 607.0505. Florida	onzed by the corporation a Statutes.	or s board or directors, i nereby accep	r nie abboutitueur as registeren
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: Re	gistered Agent signature required	d when reinstating)	DATE
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12
TITLE	DPT	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	FLYNN, ROGER P.		1.2 NAME		
STREET ADDRESS	898 HIGHLAND BLVD.	·	1.3 STREET ADDRESS		\ .
CITY-ST-ZIP	PALM HARBOR FL		1.4 CITY-ST-ZIP		
TITLE	DVS	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	FLYNN, VELVA J.		2.2 NAME		
STREET ADDRESS	898 HIGHLAND BLVD.		2.3 STREET ADDRESS		Į.
CITY-ST-ZIP	PALM HARBOR FL	. ~	2.4 CITY-ST-ZIP-		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
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		
STREET ADDRESS			5.3 STREET ADORESS	·	
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS	etranse alle		6.3 STREET ADDRESS		
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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 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: