

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

FILED  
Apr 26, 1999 8:00 am  
Secretary of State

04-26-1999 90281 032 \*\*\*150.00

DOCUMENT # V59878

1. Corporation Name  
R. H. MUIR, INC.

Principal Place of Business  
5902 MENORCA LANE  
APOLLO BEACH FL 33572

Mailing Address  
5902 MENORCA LANE  
APOLLO BEACH FL 33572

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
08/24/1992

4. FEI Number  
59-3139827

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 owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business  
21 1807 W Richardson Pl  
Suite, Apt. #, etc.  
22 TAMPA  
City & State  
23 FL  
Zip  
24 33606  
Country  
25 USA

2a. Mailing Address  
26 1807 W Richardson Pl  
Suite, Apt. #, etc.  
27 TAMPA, FL  
City & State  
28  
Zip  
29 33606  
Country  
30 USA

9. Name and Address of Current Registered Agent

MUIR, ROBERT H  
5902 MENORCA LANE  
APOLLO BEACH FL 33572

10. Name and Address of New Registered Agent

81 Name  
MUIR, Robert H  
82 Street Address (P.O. Box Number is Not Acceptable)  
1807 W Richardson Pl  
83  
84 City  
Tampa  
FL  
85 Zip Code  
33606

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

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	ST	1.1 TITLE	ST
NAME	MUIR, LISA P.	1.2 NAME	SOLTS, EDWARD
STREET ADDRESS	5902 MENORCA LANE	1.3 STREET ADDRESS	220 COLUMBIA AVE
CITY-ST-ZIP	APOLLO BEACH FL	1.4 CITY-ST-ZIP	PHOENIXVILLE, PA 19460
TITLE	P	2.1 TITLE	
NAME	MUIR, ROBERT	2.2 NAME	
STREET ADDRESS	5902 MENORCA LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	APOLLO BEACH FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/99 813-258-2834

CR2E034 (1/98)