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

Mailing Address

PROFIT C()RPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G75113

Principal Place of Business

CITY-ST-ZIP

R & A AUTO RADIO SERVICE AND SALES, INC.

| % RUDOLPH R. ROBINSON 2842 TAMIAMI TRAIL PORT CHARLOTTE FL 33952 | | % RUDOLPH R. ROBINSON 2842 TAMIAMI TRAIL PORT CHARLOTTE FL 33%52 | | | 3 | DO NOT WRITE IN THIS SPACE 3. Date it corporated or Qualifed 12/20/1983 | | | | | | | |
|--|--|--|-------------------------------|--------------------|--|---|-----------------------------------|---------------------------|------------|------------------------|--------------------------------|----------------------|--|
| | | | | | | : | | | | | | | |
| 2. Principal Pla | ace of Business | 2a. Mailing Address | | | 4 | 4. FEI Number 59-2384526 | | | | | Applied For Not Applicable | | |
| Suite, Apt. # | ŧ, etc. | Suite, Apt. #, etc. | | | 5 | 5. Certifc ite of Status Desired | | | | | \$8.75 Additional Fee Recuired | | |
| City & State | • | City & State | | | 6 | 6. Election Campaign Financing Trust Fund Contribution | | | | | \$5.00 May Be Added to Fees | | |
| Zip Cour try | | Zip Country | | | 8. This corporation owes the current year inter- | | | | | | | | |
| 24 | 25 | 29 | | | | Persor al Property Tax. 10. Name and Address of New Registers d Age | | | | | ! | □No | |
| | 9. Name and Address of Current | Registered Agent | | T | | D. Name | and Address | of New F | Registere | d Agent | | | |
| ROBI | nson, Rudolph R. | | 81 | Name |) | | | | | | | | |
| 2842 | TAMIAMI TRAIL | | | Stree | t Address (| dress (P.O. Bo> Number is Not Acceptable) | | | | | | | |
| PORT | CHARLOTTE FL 33952 | | 83 | | | | | | | | | | |
| | | | 84 | City | | | | | F | L 85 | Zip C | ode | |
| office or re agent. I ar SIGNATUE:F | to the provisions of Sections 607.0502 agistered agent, or both, in the State on a familiar with, and accept the obligat | ons of, Section 607.0505, Flori | uthorized by rida Statute: | the cor s. | poration s t | board or d | s this stateme lirectors. I he | ent for the reby accep | pt the app | of changing ointment a | gitsı sreçi | egistered istered | |
| | Signature, typed or printed name of registered agen | | Registered Age | nt signature | req iired when | | | -0 TO OF | DATE | NID DIDE | 2701 | 10 IN 12 | |
| 12. | OFFICERS ANI | | 13. | | | AUUITI. | ONS/CHANGE | =5 <u>10 0F</u> | FICERS | Char | | Addition | |
| TITLE | DP | ☐ DELETE | 11TITLE | | | | | | | [_] Citar | ige | | |
| NAME *** | ROBINSON, RUDOLPH R. | | 1.2 NAME | | | | | | | | | ĺ | |
| STREET ADDRESS | 2842 TAMIAMI TRAIL | | 1 | TADORES | S | | | | | | | | |
| CITY-ST-ZIP | PORT CHARLOTTE FL | | 14 CITY-5 | ST- ZIP | + | | | | | Char | 200 | Addition | |
| TITLE | D | ☐ DELETE | 2.1 TITLE | | | | | | | | ige | | |
| NAME | ROBINSON, ANNIE L. | | 2.2 NAME | ; | | | | | | | | | |
| SåREET ADDRII.SS | 755 ABSCOTT NORTHEAST | | | 2.3 STREET ADDRESS | | | | | | | | | |
| CTY-ST-ZIP | PORT CHARLOTTE FL | | 2.4 CITY-ST-ZIP | | | <u> </u> | | | | Char | | Addition | |
| † ř ite | | ☐ DELETE | 3.1 TITLE | | | | | | | Cital | iye | | |
| NAME | | | 3.2 NAME | | | | | | | | | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | S | | | | | | | | |
| CITY-ST-ZIP | | | 3.4. CITY- | ST-ZIP | + | | | | | Char | | Addition | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | | | | | | □ Cita | ige | | |
| NAME | | | 4,2 NAME | | | | | | | | | | |
| STREET ADDRESS | | | | T ADDRES | \$ | | | | | | | | |
| CITY-ST-ZIP | | - Decrete | 4.4 CITY- | ST-ZIP | + | | | | | Cha | | Addition | |
| TITLE | | ☐ DELETÉ | 5.1 TITLE 5.2 NAME | | | | | | | | ige | ☐ Yourson | |
| NAME | | | 1 | T ADDDCO | | | | | | | | | |
| STREET ADDR ISS | | | | T ADDRES | 9 | | | | | | | | |
| CITY-ST-ZIP | | DELETE | 5.4 CITY- 6.1 TITLE | 51-ZIP | + | | | ···· | | Cha | nne | Addition | |
| TITLE | | ☐ DELETE | 6.1 HILE | | | | | | | | ige. | C) Addition | |
| NAME | | | ì | | · · | | | | | | | } | |
| STREET ADDR ISS | | | | 6.3 STREET ADDRESS | | | | | | | | | |
| CITY-ST-ZIP | | | 6.4 CITY- | ST-ZIP | 1 | | | | | | | - <u>-</u> | |

14. Thereby 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 change I, or on an attachment with an address, with all other like empowered

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

04-26-1999 90221 045 ***150.00