FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 31 AM 8:57

DOCUMENT # **461192** **(7)**

1. Corporation Name
THE RITCHIE ORGANIZATION, INC.

Principal Place of Business	Mailing Address
3050 BEE RIDGE RD. SUITE A SARASOTA FL 34239	3050 BEE RIDGE RD. SUITE A SARASOTA FL 34239

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/16/1974
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 59-1591092 ☐ 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

9. Name and Address of Current Registered Agent

SMILJANICH, TERRY A.
424 CENTRAL AVE.
ROYAL TRUST TOWER
ST. PETERSBURG FL 33731

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	DAVIS, PATRICK B. JR.	12 NAME	
STREET ADDRESS	523 OLD ALBEE FARM RD	13 STREET ADDRESS	
CITY · ST · ZIP	NOKOMIS FL	14 CITY · ST · ZIP	
TITLE	T	21 TITLE	☐ Change ☐ Addition
NAME	HUGHES, EDWARD P.	22 NAME	
STREET ADDRESS	2 WAYBRIDGE LN.	23 STREET ADDRESS	
CITY · ST · ZIP	WAYLAND MA	24 CITY · ST · ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	~~MCDANIEL, DAN K.~~	32 NAME	
STREET ADDRESS	~~08 RUBENS DR~~	33 STREET ADDRESS	
CITY · ST · ZIP	~~NOKOMIS FL~~	34 CITY · ST · ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	FREDERICK, FREDDY C.	42 NAME	
STREET ADDRESS	1838 ALTA VISTA	43 STREET ADDRESS	
CITY · ST · ZIP	SARASOTA FL	44 CITY · ST · ZIP	
TITLE	S	51 TITLE	☐ Change ☐ Addition
NAME	MORGAN, JR., WENDELL R.	52 NAME	
STREET ADDRESS	12 GROVE ST.	53 STREET ADDRESS	
CITY · ST · ZIP	SANDWICH MA	54 CITY · ST · ZIP	
TITLE	AS	61 TITLE	☐ Change ☐ Addition
NAME	HANTON, CHARLES K.R.	62 NAME	
STREET ADDRESS	1622 KENILWORTH ST.	63 STREET ADDRESS	
CITY · ST · ZIP	SARASOTA FL	64 CITY · ST · ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: E [illegible] TREASURER 5/11/95 617 [illegible] 9437
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0344112 CP