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FILED
Jan 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 461192

(7)

1. Corporation Name

THE RITCHIE ORGANIZATION, INC.

Principal Place of Business

3050 BEE RIDGE RD. SUITE A
SARASOTA FL 34239

Mailing Address

3050 BEE RIDGE RD. SUITE A
SARASOTA FL 34239

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

09/16/1974

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FREDERICK, FRED
THE RITCHIE ORGANIZATION
3050 BEE RIDGE
SARASOTA FL 34239

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

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 V
NAME LAGRATH, DENNIS LAGATHA
STREET ADDRESS 3512 E. FOREST LAKE DRIVE
CITY-ST-ZIP SARASOTA FL

1.1 TITLE V
1.2 NAME LAGATHA DENNIS
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE TS
NAME HUGHES, EDWARD P.
STREET ADDRESS 2 WAYBRIDGE LN.
CITY-ST-ZIP WAYLAND MA

2.1 TITLE AS
2.2 NAME MARCO ORLANDO
2.3 STREET ADDRESS 4564 GALLUP RD
2.4 CITY-ST-ZIP SARASOTA FL

TITLE PD
NAME FREDERICK, FREDDY C.
STREET ADDRESS 1838 ALTA VISTA
CITY-ST-ZIP SARASOTA FL

3.1 TITLE AS
3.2 NAME LUIS VINAR
3.3 STREET ADDRESS 6912 SUPERIOR ST N.E.
3.4 CITY-ST-ZIP SARASOTA FL

TITLE AS
NAME MORGAN, JR., WENDELL R.
STREET ADDRESS 12 GROVE ST.
CITY-ST-ZIP SANDWICH MA

4.1 TITLE AS
4.2 NAME JACK WHELAN
4.3 STREET ADDRESS 2557 WISTERIA ST
4.4 CITY-ST-ZIP SARASOTA FL

TITLE AS
NAME HANTON, CHARLES K.R.
STREET ADDRESS 1622 KENILWORTH ST.
CITY-ST-ZIP SARASOTA FL

5.1 TITLE AS
5.2 NAME KARL BROWN
5.3 STREET ADDRESS 1603 BAY ROAD
5.4 CITY-ST-ZIP SARASOTA FL

TITLE AS
NAME KOLB, JAMES
STREET ADDRESS 3603 CAMINO REAL
CITY-ST-ZIP SARASOTA FL

6.1 TITLE AS
6.2 NAME STEVE EVERS
6.3 STREET ADDRESS 1 FROST
6.4 CITY-ST-ZIP NATICK MA

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Edith A. W. H. EQUIPMENT

1/31/98

CR2E034 (10/97)