

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

APPROVED
AND
FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **560790** (8)

1. Corporation Name
RICHART, INC.

Principal Place of Business Mailing Address
1701 MIKLER ROAD 1701 MIKLER ROAD
OVIDEO FL 32765 OVIDEO FL 32765

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **04/01/1978** 3a. Date of Last Report **04/08/1994**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 25 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 29 Zip Country

4. FEI Number **59-1812135** 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

10. Name and Address of New Registered Agent

RICHART, DANNY STEVE
1701 MIKLER ROAD
OVIDEO FL 32765

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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P**
NAME **RICHART, DANNY STEVE**
STREET ADDRESS **1701 MIKLER ROAD**
CITY - ST - ZIP **OVIDEO FL**

11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

TITLE **V**
NAME **RICHART, STEVEN T.**
STREET ADDRESS **1701 MIKLER ROAD**
CITY - ST - ZIP **OVIDEO FL**

21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

TITLE **S**
NAME **RICHART, JUDY S.**
STREET ADDRESS **1701 MIKLER ROAD**
CITY - ST - ZIP **OVIDEO FL**

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

TITLE **T**
NAME **RICHART, SEAN D**
STREET ADDRESS **1701 MIKLER RD**
CITY - ST - ZIP **OVIDEO FL**

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
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)(k), 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/5/95 **407-366-5629**
Date (Month/Year) Telephone Number