FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **845868** **(9)**

1. Corporation Name

RIDECO, INC.

Principal Place of Business	Mailing Address
C/O J.A. NIEDENTHAL, PRESIDENT 3955 NORTHWEST 103RD DR. CORAL SPGS FL 33065	C/O RF NIEDENTHAL 5310 ALLIGATOR LAKE ROAD ST. CLOUD FL ~~32769~~ 34772 US

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

3. Date Incorporated or Qualified: 04/30/1980
3a. Date of Last Report: 04/17/1995
4. FEI Number: 74-1686666 ☐ 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

RAO, ROBERT J., ATTY.
22 SOUTH ROSE AVENUE
KISSIMMEE FL 32741

10. Name and Address of New Registered Agent

81 Name: Richard F. Niedenthal
82 Street Address (P.O. Box Number is Not Acceptable): 5310 Alligator Lake Road
83
84 City: St. Cloud FL 85 Zip Code: 34772

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: Richard F. Niedenthal VP+Treasurer (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 3/15/96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☑ Addition
NAME	NIEDENTHAL, JOHN A.		1.2 NAME		
STREET ADDRESS	3955 NW 103RD DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPGS FL		1.4 CITY-ST-ZIP	33065	
TITLE	VTD	☐ DELETE	2.1 TITLE		☐ Change ☑ Addition
NAME	NIEDENTHAL, RICHARD F		2.2 NAME		
STREET ADDRESS	5310 ALLIGATOR LAKE ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	ST CLOUD FL		2.4 CITY-ST-ZIP	34772	
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☑ Addition
NAME	NIEDENTHAL, MICHAEL G		3.2 NAME		
STREET ADDRESS	703 LAVON AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL		3.4 CITY-ST-ZIP	34741	
TITLE	D	☐ DELETE	4.1 TITLE		☑ Change ☑ Addition
NAME	DRUTHAUPT, SUZANN E		4.2 NAME	Druthaupt	
STREET ADDRESS	142 SW 24TH AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		4.4 CITY-ST-ZIP	33312	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☑ Addition
NAME	NIEDENTHAL, WILLIAM J.		5.2 NAME		
STREET ADDRESS	9213 CLAYTONIA LANE		5.3 STREET ADDRESS		
CITY-ST-ZIP	ANNANDALE VA		5.4 CITY-ST-ZIP	22003	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☑ Addition
NAME	NIEDENTHAL, JODY E		6.2 NAME		
STREET ADDRESS	21 BLENHEIM DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	EASTON PA		6.4 CITY-ST-ZIP	18045	

CR2E034 (12/95)

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: Richard F. Niedenthal 3/15/96 1-407-892-3545
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #