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
95 JAN 23 AM 10:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K34761 (2)

1. Corporation Name
RICA UNLIMITED, INC.

Principal Place of Business	Mailing Address
% WILLIAM L. CISSEL 377 SECOND STREET ATLANTIC BEACH FL 32233	% WILLIAM L. CISSEL 377 SECOND STREET ATLANTIC BEACH FL 32233

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/28/1988
3a. Date of Last Report: 04/18/1994

2. Principal Place of Business	2a. Mailing Address
21 922 South 1st St.	26 922 South 1st Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 Jacksonville Beach, FL	28 Jacksonville Beach, FL
Zip / Country	Zip / Country
24 32250 25 USA	29 32250 30 USA

4. FEI Number: 59-2888433 ☐ 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
CISSEL, WILLIAM L. ~~377 SECOND ST.~~ 14719 PLUMOSA DRIVE ~~ATLANTIC BEACH FL 32233~~ JACKSONVILLE BEACH, FL 32250	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 name altered)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	CISSEL, JUDITH R.	12 NAME	
STREET ADDRESS	377 SECOND ST.	13 STREET ADDRESS	
CITY-ST-ZIP	ATLANTIC BEACH FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	CISSEL, WILLIAM L.	22 NAME	
STREET ADDRESS	14719 PLUMOSA DRIVE	23 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	CISSEL, STEPHEN R.	32 NAME	
STREET ADDRESS	204 CLATTERBRIDGE ROAD	33 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA, FL 32082	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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: _____ 1/18/95 2970186
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Telephone Number
WM. L. CISSEL
2 4/4 7009

0010763 CP