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Secretary of State

09-15-1999 90008 020 ***558.75



PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 185872 ✓ 1. Corporation Name RITE INVESTMENT COMPANY, INC.					
Principal Place of Business MRS. CHARLES FALLEN III 1002 CENTERBROOK DR BRANDON FL 33511			Mailing Address MRS. CHARLES FALLEN III 1002 CENTERBROOK DR BRANDON FL 33511		
2. Principal Place of Business 21 7 Suite, Apt. #, etc. 22 712 DORADO CT City & State 23 BRANDON FL Zip Country 24 33511 25		2a. Mailing Address 26 712 DORADO CT Suite, Apt. #, etc. 27 City & State 28 BRANDON FL Zip Country 29 33511 30		3. Date Incorporated or Qualified 06/15/1955 4. FEI Number 59-6182111 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent FALLEN, JANET P. 1002 CENTERBROOK DR BRANDON FL 33511			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS TITLE PD <input type="checkbox"/> DELETE NAME FALLEN, JANET P. STREET ADDRESS 1002 CENTER BROOK DR CITY-ST-ZIP BRANDON FL TITLE DST <input type="checkbox"/> DELETE NAME PICHOWSKI, JOHN STREET ADDRESS 1015 NORMANOV TRACE RD. CITY-ST-ZIP TAMPA FL TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 712 DORADO CT 1.4 CITY-ST-ZIP BRANDON FL 33511 2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 1193 SHIPWATCH CR 2.4 CITY-ST-ZIP TAMPA FL 33602 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: **JANET P. FALLEN** **9/10/99** **813**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **685-3549**

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