

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 21 PM 3:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # **294648** (1)

1. Corporation Name

RICH MOTORS, INC.

Principal Place of Business

**2829 SO DIXIE
WEST PALM BEACH FL 33405**

Mailing Address

**2829 SO DIXIE
WEST PALM BEACH FL 33405**

3. Date Incorporated or Qualified

07/07/1965

3a. Date of Last Report

03/08/1994

4. FEI Number

59-1101529

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**

6. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**RICH, JAMES R.
1675 PALM BCH. LKS. BLVD. STE. 903
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1655 PALM BEACH LAKES BLVD STE. 401

83

84

WEST PALM BEACH

FL

85 Zip Code
33401

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

TITLE	D
NAME	RICH, DONALD A
STREET ADDRESS	2829 S DIXIE HWY
CITY - ST - ZIP	W PALM BCH., FL 00000
TITLE	PD
NAME	RICH, JOHN P
STREET ADDRESS	2829 S DIXIE HWY
CITY - ST - ZIP	W PALM BCH., FL 00000
TITLE	VD
NAME	RICH, JAMES R
STREET ADDRESS	2829 S DIXIE HWY
CITY - ST - ZIP	W PALM BCH., FL 00000
TITLE	TD
NAME	RICH, MARTHA R
STREET ADDRESS	2829 S DIXIE HWY
CITY - ST - ZIP	W PALM BCH., FL 00000
TITLE	SVD
NAME	RICH, WILLARD JR.
STREET ADDRESS	2829 S DIXIE HWY
CITY - ST - ZIP	W PALM BCH., FL 00000
TITLE	D
NAME	RICH, WILLARD M
STREET ADDRESS	2829 S DIXIE HWY
CITY - ST - ZIP	W PALM BCH., FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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:

Willard M. Rich, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Willard M. Rich, Jr.
Date

3/16/95

407/833-7585
Telephone Number

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**CORPORATION
ANNUAL REPORT
1995****FLORIDA DEPARTMENT OF STATE
Sandra B. Morman
Secretary of State
DIVISION OF CORPORATIONS****DOCUMENT # 296504****(4)**

1. Corporation Name

OLSON FLORIDA REALTY CO**APPROVED
AND
FILED**

65 MAR 1 PM 3:41

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**1210 9TH AVE NO
FORT DODGE IA 50501**

Mailing Address

**1210 9TH AVE NO
FORT DODGE IA 50501**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/28/1965

3a. Date of Last Report

03/02/1994

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

4. FEI Number

42-0897953

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

**STUART D AMES, WEIL, GOTSHAL & MANGES
BARNETT BANK CENTER
800 BRICKELL AVE
MIAMI FL 33131**

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**PST
JOHNSON, LOIS
1210 9TH AVE NO
FT. DODGE IA**1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**V
JOHNSON, LOIS
1210 9TH AVE NO
FT. DODGE IA**2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP☐ Change ☐ Addition

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 110.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

Lois O. Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**2-10-95**

Date

515-578-3559

Daytime Phone #