FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS (9)393970 **DOCUMENT #** EVERTT RIECK REALTY, INC. Mahing Address Principal Place of Business 606 PARSON AVE 606 PARSON AVE LAKELAND FL 33801 LAKELAND FL 33801 US 3a. Date of Last Report 3. Date Incorporated or Qualified 03/21/1995 01/13/1972 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 59-1374815 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 This corporation has liability for intangible tax under s. 199.032. Country $Z_{\rm ID}$ Country Zψ Yes You Florida Statutes 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Street Address (P.O. Box Number is Not Acceptable) RIECK, EVERETT 82 606 PARSON AVE 83 LAKELAND FL 33801 Zip Code 85 84 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. Thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NTT): Registered Agent signature required when remistating) Signature, typed or printed name of registered agent and stimmal wishable. CR2E034 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1 1 TITLE THILE RIECK, EVERETT 1.2 NAME NAME 606 PARSON AVE 1.3 STREET ADDRESS STREET ADDRESS LAKELAND, FL 00000 1.4 CiTY - S1 - 7iP CITY-ST-ZI Addition ☐ Change DELETE 2 130756 TITLE 2.2 NAME RIECK, OLIVE NAME 606 PARSON AVE 2.3 STREET ADDRESS STREET ADDRESS LAKELAND, FL 00000 2.4 CITY - ST-ZIP C111 - S1 - ZIP Change ☐ Addition DELETE 3 1 116 E TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - \$1 - 7i5 CHY-ST ZIP Change Addition DELETE 4 1 TIT. f TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CH1 - ST - ZIP CITY - \$1 - ZIP Change Addition DELETH 5 1 TITLE T-ILE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CHY - \$1 - 710 CITY-ST-ZIF ☐ Addition Change DELETE 6.1 THEE THTLE 6.2 NAME NAME

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 cartify that I am an officer or director of this 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 granged, or on an attachment with an ardress.

63 STHEET ADDRESS

64 CITY ST-2IF

STREET ADDRESS