## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # 454177

(7)

RICHARD P. RITA PERSONNEL SERVICES OF LAKELAND,

FILED Apr 18 1997 8:00am Secretary of State



Principal Place	o of Business	Mail	no Address							
Principal Place of Business Mailing Address  5150 S FLA AVE P O BOX 6955  BLDG B LAKELAND FL 33807-6965  LAKELAND FL 33807  US										
US	•						3. Date Incorporated or Qualified 06/05/1974	3a. D.	ate of Last 30/1996	Report
	lace of Business		Maiting Address				4. FEI Number			Applied For
21	ш	26	O to Amb H ata				59-1687521			Not Applicable
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional Required
City & Stat	е	28	City & State				6. Election Campaign Financing Trust Fund Contribution			May Be
Zip	Country		Žip	Co	untr	/	8. This corporation has liability for i	ntangible		
24	25	29		30				Yes [		
	9. Name and Address of Cu	rent Registe	red Agent			·	10. Name and Address of New Re	gistered	Agent	
	vault, James C.				81	Name				
5328			82	Street Add	fress (P.O. Box Number is Not Acceptab	le)	<del></del>			
LAINE	ELAND FL 33813				B3					
<u> </u>					84	City			85 Zij	o Code
			1.500 Et D.		Ļ.			FL		
SIGNATURE.	Signature typea or proced name of registorer	I agent and title f	applicable (NC	OTE: Register	ed Age		poration submits this statement for the pation's board of directors. I hereby acception when reinstating)	DATE		
12.		AND DIRECT		13.			ADDITIONS/CHANGES TO OFFIC	ERS ANI		
1HtF	PD DAVIGER T ASSOTIA		☐ DELETE	1.1 T					Change	Addition
NAME	DAYVAULT, MARTHA 5328 GLENMORE DR.				AME					
STREET ADDRESS	LAKELAND FL			1		T ADDRESS				
CHY-SI-7/P TITLE	SD		DELETE	2.1 7		ST-ZIP			Change	Addition
NAME	DAYVAULT, JAMES				IAME					
STREET ADORESS	5328 GLENMORE DR.					ADDRESS				
CHY-ST ZIP	LAKELAND FL			1		ST-ZIP				
THILE			DELETE	3.1 ]		······································			Change	Addition
NAME				3.2 N	IAME					
STREET ADDRESS				3.3 \$	TAEET	T ADDRESS				
C TY+ST+ZiP						ST-ZIP				<del></del>
TITLE			DELETE	4.1 7					Change	Addition
NAME					NAME					
STREET ADDRESS				1		T ADDRESS				
CITY-ST-7IP			DELETE			ST-ZIP			☐ Change	Addition
TIBLE			FT1 NETELE		ITLE	į			LLJ CHANGE	L MUCHICA
NAME CTOCKL ASSOURCE					IAME	T ADDRESS				
STREEL ADORESS						ST-ZIP				
CITY-ST-7.2			DELETE	611		DI-EIF			Change	Addition
NAME				ı	VAME					
STREET ADDRESS						T ADDRESS				
CITY-\$1-2IF						ST-ZIP				
WILL 01.51	1									

14. I do 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

**SIGNATURE:** 

