

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 538868 (1)

1. Corporation Name
J. H. RICKE, INC.



Principal Place of Business

1025 SW MARTIN DOWNS BLVD
PALM CITY FL 34990

Mailing Address

1025 SW MARTIN DOWNS BLVD
PALM CITY FL 34990

3. Date Incorporated or Qualified
07/07/1977

3a. Date of Last Report
02/06/1995

2. Principal Place of Business

2a. Mailing Address

21 1859 Crane Creek Ave

26 1859 Crane Creek Ave

4. FET Number
59-1755234

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State

City & State

23 PALM CITY FL

28 PALM CITY FL

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24 34990

25 MARTIN

29 34990

30 MARTIN

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

RICKE, JOSEPH H.
1859 CRANE CREEK AVE
PALM CITY FL 34990

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 of person or persons of registered agent, if that of applicable

NOTE: Registered Agent signature required when re-registering

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME PD
STREET ADDRESS RICKE, JOSEPH H
CITY-STATE-ZIP 1859 CRANE CREEK AVENUE
PALM CITY, FL 00000

TITLE ☐ DELETE
NAME VD
STREET ADDRESS RICKE, JEFFREY J
CITY-STATE-ZIP 12046 ACORNSHELL WAY
JACKSONVILLE FL

TITLE ☐ DELETE
NAME SD
STREET ADDRESS RICKE, JANE F
CITY-STATE-ZIP 1859 CRANE CREEK AVENUE
PALM CITY, FL 00000

TITLE ☐ DELETE
NAME T
STREET ADDRESS RICKE, JANE F
CITY-STATE-ZIP 1859 CRANE CREEK AVENUE
PALM CITY, FL 00000

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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)(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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. H. Ricke

4/5/96

407/283-2112

CR2E034 (12/95)