

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 06, 1999 8:00 am  
Secretary of State

04-06-1999 90043 026 \*\*\*150.00

DOCUMENT # 542321

1. Corporation Name  
RIEHLMAN, INC.

Principal Place of Business

5 KATRINAS DR  
ORMOND BCH FL 32174  
US

Mailing Address

5 KATRINAS DR  
ORMOND BCH FL 32174  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/05/1977

4. FEI Number

59-1756790

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 owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 449 EAST GRAVES AVE

Suite, Apt. #, etc.

22 City & State

23 ORANGE CITY FL

Zip Country

24 32763 25 US

2a. Mailing Address

26 449 EAST GRAVES AVE.

Suite, Apt. #, etc.

27 City & State

28 ORANGE CITY FL.

Zip Country

29 32763 30 US

9. Name and Address of Current Registered Agent

RIEHLMAN, ROYCE  
5 KATRINAS DR  
ORMOND BEACH FL 32174

10. Name and Address of New Registered Agent

81 Name

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

449 EAST GRAVES AVE

83

84 City ORANGE CITY

FL

85 Zip Code 32763

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 registrant/agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/2/99

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	RIEHLMAN, ROYCE W.	
STREET ADDRESS	5 KATRINAS DR	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	TS	<input type="checkbox"/> DELETE
NAME	RIEHLMAN, MARY ELLEN	
STREET ADDRESS	5 KATRINAS DR	
CITY-ST-ZIP	ORMOND BCH, FL 00000	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	449 EAST GRAVES AVE.
1.4 CITY-ST-ZIP	ORANGE CITY FL. 32763
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	449 EAST GRAVES AVE
2.4 CITY-ST-ZIP	ORANGE CITY FL 32763
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/99

Date

702-433-2205

Daytime Phone #

CR2E034 (11/98)