

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

FILED
Feb 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **571549** (5)

1. Corporation Name
RICHARD BENNETT OF ORLANDO, INC.

Principal Place of Business

**263 SEABORD LN
FRANKLIN TN 37067
US**

Mailing Address

**PO BOX 1489
BRENTWOOD TN 37024-1469
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/09/1978

4. FEI Number

59-1833511

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

23

City & State

27

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MCEACHERN, JAMES	
STREET ADDRESS	709 S COBBLESTONE	
CITY-ST-ZIP	CEDAR HILL TX	

TITLE	T	<input type="checkbox"/> DELETE
NAME	WOODWARD, JAMES	
STREET ADDRESS	114 CENTURY OAK DR	
CITY-ST-ZIP	FRANKLIN TN	

TITLE	D	<input type="checkbox"/> DELETE
NAME	HAYS, SPENCER	
STREET ADDRESS	415 WESTVIEW	
CITY-ST-ZIP	NASHVILLE TN	

TITLE	S	<input type="checkbox"/> DELETE
NAME	SALYER, WALTER L JR.	
STREET ADDRESS	321 BRECKENRIDGE RD.	
CITY-ST-ZIP	FRANKLIN TN	

TITLE	D	<input type="checkbox"/> DELETE
NAME	SHERRER, ROBERT	
STREET ADDRESS	RT 7, BOX 38	
CITY-ST-ZIP	CLAREMORE OK	

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	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

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 checked="" type="checkbox"/> Addition
6.2 NAME	DIRECTOR
6.3 STREET ADDRESS	SERGIO CASALENA
6.4 CITY-ST-ZIP	804 MAPLEHURST ROAD MDNKTN, MARY LAND 21111

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.

SIGNATURE: *[Signature]* **WALTER L. SALYER** **3-23-98** **(415) 321-4822**

CP2E034 (10/97)