

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 23 AM 10:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 694304

(7)

1. Corporation Name

T. RICHARDS COMPANY, INC.

Principal Place of Business

1375 ENTERPRISE-OSTEEN RD.
DELTONA FL 32725-9404
US

Mailing Address

1375 ENTERPRISE-OSTEEN RD.
DELTONA FL 32725-9404
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
07/13/1981

3a. Date of Last Report
03/15/1994

4. FEI Number
59-2117978

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 has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 130 Hanging Moss Lane

Suite, Apt. #, etc.

2a. Mailing Address

26 130 Hanging Moss Lane

Suite, Apt. #, etc.

22 City & State
Deltona, FL 32725-9404

27 City & State
Deltona, FL 32725-9404

24 Zip Country
32725-9404 US

29 Zip Country
32725-9404 US

9. Name and Address of Current Registered Agent

RICHARDS, TIMOTHY L
1375 ENTERPRISE-OSTEEN RD.
DELTONA FL 32725

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
130 Hanging Moss Lane

83

84 City
Deltona

85 Zip Code
FL 32725

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 *Timothy L. Richards*

Timothy L. Richards (Pres)

DATE 3/2/95

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
NAME RICHARDS, TIMOTHY L
STREET ADDRESS 1375 ENTERPRISE-OSTEEN
CITY-ST-ZIP DELTONA FL

TITLE STD
NAME RICHARDS, BETTY A
STREET ADDRESS 1375 ENTERPRISE-OSTEEN
CITY-ST-ZIP DELTONA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 130 Hanging Moss Lane
1.4 CITY-ST-ZIP Deltona, FL 32725

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 130 Hanging Moss Lane
2.4 CITY-ST-ZIP Deltona, FL 32725

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

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-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, checked, if on an individual with an address.

SIGNATURE: *Betty A. Richards* Betty A. Richards STD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 3/2/95

407-322-2119