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 MAY -1 AM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F19929** **(1)**

1. Corporate Name
RIC-DEG, INC.

Principal Place of Business
15400 NW HWY 27
OCALA FL 32675-8607

Mailing Address
15400 NW HWY 27
OCALA FL 32675-8607

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/17/1981
3a. Date of Last Report: 05/05/1994

21 2. Principal Place of Business
22 Suite Apt. # etc.
23 City & State
24 ZIP
25 County

26 2a. Mailing Address
27 Suite Apt. # etc.
28 City & State
29 ZIP
30 County

4. FEI Number: 59-2102555 — 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

9. Name and Address of Current Registered Agent
EHNTHOLT, MERCEDES
15400 NORTHWEST HIGHWAY 27
OCALA FL 32675

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 607.0505 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: [illegible] Registered Agent (signature required if filing only a change of agent) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DEGWITZ, LUISA G
STREET ADDRESS	15400 N.W. HIGHWAY 27
CITY ST ZIP	OCALA FL 34482
TITLE	STD
NAME	DEGWITZ DE JIMENEZ , ERIKA
STREET ADDRESS	15400 NW HWY 27
CITY ST ZIP	OCALA FL 34482
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

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE	VPD	☐ Change ☑ Addition
NAME	Luizelena Degwitz	
STREET ADDRESS	15400 N.W. Hwy 27	
CITY ST ZIP	Ocala, Fl. 34482	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY ST ZIP		

14. I the undersigned 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 the 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 officer's

4/24/95 (Date)

904-528-4976 (Telephone #)

SIGNATURE: Luisa G. de Degwitz
SIGNATURE AND TYPE OR PRINTED NAME OF FLORIDA OFFICER OR DIRECTOR

0383928 CP