

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # F94000002638 (4)

1. Corporation Name

RICHLAND INLAND, INC.

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2 PARK PL.
SUITE 200
IRVINE CA 92714

2 PARK PL.
SUITE 200
IRVINE CA 92714

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 4830 W. Kennedy Blvd.

26 4830 W. Kennedy Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 St 740

27 St 740

City & State

City & State

23 Tampa, FL

28 Tampa, FL

Zip

Country

24 33609

29 33609

Country

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GREEN, DANIEL B
4830 W. KENNEDY BLVD.
SUITE 740
TAMPA FL 33609

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 607.0507 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 authorized to register the corporation

Signature of Registered Agent (signature required after incorporation)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	BRAY, JACK H
STREET ADDRESS	4830 W. KENNEDY BLVD.
CITY, ST, ZIP	TAMPA FL 33609
TITLE	VS
NAME	GREEN, DANIEL B
STREET ADDRESS	4830 W. KENNEDY BLVD.
CITY, ST, ZIP	TAMPA FL 33609
TITLE	VTAS
NAME	ROSS, SAMUEL K
STREET ADDRESS	4830 W. KENNEDY BLVD.
CITY, ST, ZIP	TAMPA FL 33609
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1. TITLE		☐ Change ☐ Addition
2. NAME		
3. STREET ADDRESS		
4. CITY, ST, ZIP		
5. TITLE		☐ Change ☐ Addition
6. NAME		
7. STREET ADDRESS		
8. CITY, ST, ZIP		
9. TITLE		☐ Change ☐ Addition
10. NAME		
11. STREET ADDRESS		
12. CITY, ST, ZIP		
13. TITLE		☐ Change ☐ Addition
14. NAME		
15. STREET ADDRESS		
16. CITY, ST, ZIP		
17. TITLE		☐ Change ☐ Addition
18. NAME		
19. STREET ADDRESS		
20. 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 310.07(9)(b), 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 liquidator empowered to prepare 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:

Sandra B. Northam

Daniel B. Green

428.95 (813) 286-4140

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

Vice President