

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
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90085 040 ***150.00

DOCUMENT # F94000004511

1. Corporation Name:

THE RICKLES GROUP, INC.

Principal Place of Business

100 South Ashley Drive
Suite 1190
Tampa, Florida 33602

Mailing Address

100 South Ashley Drive
Suite 1190
Tampa, Florida 33602

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/30/1994

2. Principal Place of Business

21 712 South Oregon Avenue
Suite, Apt. #, etc.

2a. Mailing Address

26 712 South Oregon Avenue
Suite, Apt. #, etc.

4. FEI Number

36-3625880

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

City & State

23 Tampa, Florida

City & State

28 Tampa, Florida

Zip

24 33606

Country

25 USA

Zip

29 33606

Country

30 USA

9. Name and Address of Current Registered Agent

CAREY, MICHAEL R.
100 South Ashley Drive, Suite 1190
Tampa, Florida 33602

10. Name and Address of New Registered Agent

81 Name

CAREY, MICHAEL R.

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

712 South Oregon Avenue

83

84 City

Tampa

FL

85 Zip Code

33606

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	Rickles, Kyle D.	
STREET ADDRESS	24 West 500 Maple Ave., #201c	
CITY-ST-ZIP	Naperville, IL 60560-6032	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	Rickles, Veronica A.	
STREET ADDRESS	24 West 500 Maple Ave., #201	
CITY-ST-ZIP	Naperville, IL 60560-6032	
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		
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 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:

K. D. RICKLES
PRESIDENT 4-29-99

April 29, 1999 (630) 369-3500

Date

Daytime Phone #

CR2E034 (11/98)