

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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # F94000004967 (5)

1. Corporation Name

RICHMOND REALTY CORPORATION

95 MAR 13 PM 12:07

Principal Place of Business

**1415 FOULK RD
FOULKSTONE PLAZA, SUITE 100
WILMINGTON DE 19803**

Mailing Address

**1415 FOULK RD
FOULKSTONE PLAZA, SUITE 100
WILMINGTON DE 19803**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/26/1994

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

51-0306826

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

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD
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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

CD

***** Delete *****

NAME

ROTHMAN, JOSEPH G

STREET ADDRESS

1415 FOULK RD, SUITE 100

CITY - ST - ZIP

WILMINGTON DE 19803

TITLE

D

NAME

YOUSSEF, SHAKER A

STREET ADDRESS

1415 FOULK RD, SUITE 100

CITY - ST - ZIP

WILMINGTON DE 19803

TITLE

PD

NAME

SHALLEY, MICHAEL J

STREET ADDRESS

50 N. LAURA ST, 28TH FLOOR

CITY - ST - ZIP

JACKSONVILLE FL 32202

TITLE

VD

NAME

SCARPATO, PETER A

STREET ADDRESS

1415 FOULK RD, SUITE 100

CITY - ST - ZIP

WILMINGTON DE 19803

TITLE

VT

NAME

BEALE, CHARLES L

STREET ADDRESS

15310 AMBERLY DR, SUITE 315

CITY - ST - ZIP

TAMPA FL 33647

TITLE

AV

***** Delete *****

NAME

WALDIS, LORRI M

STREET ADDRESS

1415 FOULK RD, SUITE 100

CITY - ST - ZIP

WILMINGTON DE 19803

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

Chairman, CEO, Director

☐ Change ☒ Addition

1.2 NAME

Robert Rothman

1.3 STREET ADDRESS

100 N. Tampa Street, Suite 3600

1.4 CITY - ST - ZIP

Tampa, FL 33602

2.1 TITLE

***** Delete ***** ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

SVP

☒ Change ☐ Addition

100 N. Tampa Street, Suite 3600

Tampa, FL 33602

Vice President, Secretary

☐ Change ☒ Addition

Deanna Voss

1415 Foulk Road, Suite 100

Wilmington, DE 19803

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 110.07(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 if changed, or on an attachment with an address.

SIGNATURE:

Deanna Voss Deanna Voss

3/1/95

(302) 477-5979

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #