FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F95000000666 (6)**

1. Corporation Name
F. A. RICHARD & ASSOCIATES INC.

Principal Place of Business	Mailing Address
PO BOX 770100 CORAL SPRINGS FL 33077	PO BOX 770100 CORAL SPRINGS FL 33077

3. Date Incorporated or Qualified: 02/09/1995
3a. Date of Last Report: N/A

2. Principal Place of Business
21 4620 North State Road 7
Suite, Apt. #, etc.
22 Ste. 110
City & State
23 Fort Lauderdale, FL
Zip 24 33319 Country 25 USA

2a. Mailing Address
26 2360 Fifth Ave.
Suite, Apt. #, etc.
27 Ste. 100
City & State
28 Mandeville, LA
Zip 29 70471 Country 30 USA

4. FEI Number: 72-0837 383 ☐ 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

SPRING, HERMAN M
4285 NW 73RD WAY
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

81 Name: Melinda B. Blair
82 Street Address (P.O. Box Number is Not Acceptable): F. A. Richard & Associates, Inc.
83 4620 North State Road 7, Ste. 110
84 City: Fort Lauderdale FL 85 Zip Code: 33319

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: Melinda Blair — Melinda B. Blair, Manager
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PC RICHARD, FRANCIS 153 COUNTRY CLUB DR MADEVILLE LA 70433 Covington ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	V/D Richard, David #14 Jacqueline Ct. Mandeville, LA 70471 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VST BELL, REED A 717 TETE L'OURS MADEVILLE LA 70448 Mandeville ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	V/D Reynaud, Francis 2720 Eucalyptus Avenue Long Beach, CA 90806 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D CLARK, DAN 129 DEL OAKS MADISONVILLE LA 70447 ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	V/D Calhoon, R. B. Jr. 772 Bocage Lane Mandeville, LA 70471 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D PETTUS, EDDIE 313 ALYENE DR LAFAYETTE LA 70506 ☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D STURGIS, DAVID RT 1, BOX 52A SUNSET LA 70584 ☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D RICHARD, TODD 114 BEAU CHASSE MANDEVILLE LA 70448 ☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

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 if changed, or on an attachment with an address.

SIGNATURE: Reed A. Bell (504) 624-8383
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #