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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996 DOCUMENT #

G37289

(7)

	RIDA C C I, INC.	(,	,) 	NJA 1811-81811-81811-81811-81811-81811 BIBIT BIBIT
Principal Plac	oe of Business	Mailing Address		···	
P.O. BOX ; CHIPLEY F	204 L 32428	P.O. BOX 204 CHIPLEY FL 32428		Ander and	
	<u> </u>			3. Date Incorporated or Qualified	
	Place of Business	2a. Mailing Address		05/04/1983 4. FEI Number	05/01/1995
21		26			Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		59-2294320	Not Applicable
City & Stat	e	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	-	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	Zip	T Country	Trust Fund Contribution	Added to Fees
24	25	29	Country 30	8. This corporation has liability for	intangible tax under s 199.032.
	9, Name and Address of Curren	l Registered Agent	30	Florida Statutes Yes	No
			81 Name	10. Name and Address of New F	legistered Agent
CRAVE	N, WILLIAM M.		82 Street Add		
P.O. BC	DX 204 HWY 280 W.		Street Add	ress (P.O. Box Number is Not Acceptat	ole)
CHIPLE	Y FL 32428		83		
			84 City		·
11 Purcuent t	to the provide a 10		""		85 Zip Code
or register	ed agent, or both, in the State of Florid.	and 607.1508, Florida Statu	ites, the above-named corpor	ation submits this statement for the pur of directors. I hereby accept the appo	Dose of changing its registered of
	th, and accept the obligations of, Section	on 637.0505, Florida Statute	zed by the corporation's boar es.	d of directors. I hereby accept the appoint	prose of changing its registered office printment as registered agent. I am
SIGNATURE	Signature typed or printed name of registered agent a				ļ
12.	OFFICERS AND	nd tite 4 applicable. (N	OTE: Registered Agent signature required	J when renstating	DATE
TITLE	D STREETS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFI	
NAME	CRAVEN, JAMES B.	L.J DECENE	1. 1 TITLE		Change Addition
HET ADDRESS	HWY. 280 EAST., BOX 204		1.2 NAME		
T - ZIP	CHIPLEY FL		1.3 STREET ADDRESS		ł
11/2	DV	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		
	CRAVEN, WILLIAM M		2.2 NAME		Change Addition
DRESS	HWY 280 EAST BOX 204		2.3 STREET ADDRESS		
ZIP	CHIPLEY, FL 00000		2.4 C/TY-ST-ZIP		
THTL ^{SQ 1}		DELETE	3. 1 TILLE	·	
NAME			3.2 NAME		Change Addition
STREET ADDRESS			3.3 STREET ADDRESS	1	
CITY-ST-ZIP TITLE			3 4 CITY-S1-ZIP	₹ **	
NAME		DELETE	4 1 TIPLE		Change
STREET ADDRESS			4.2 NAME		Change Addition
CITY-ST-ZIP			4.3 STREET ADDRESS		1
HTLE			4.4 CITY - ST - ZIP		
IAME		☐ DELETE	5. 1 TITLE		Change Addition
TREET ADDRESS			5.2 NAME		Tarabati
ITY-ST-ZIP			5.3 STREET ADDRESS		
ITLE		DELETE	54 CITY - ST - ZIP		
AME		T) nereig	6. 1 TirLE		Change Addition
TREET ADDIRESS			6 2 NAME		_
TY-ST-ZIP			6.3 STREET ADDRESS		
1. I do hereby c	perlify that the information supplied with	this filing is voluntarily furnis	6.4 City-St-ZiP	the exemption stated in Section 119.07	
oath; that I am	ie information Indicated on this annual r m an officer or director of the corporation fock 12 or Block 13 if changed, or on a	eport or supplemental annu on crithe receiver or trustee	a' report is true and accurate and powered to execute this me	the exemption stated in Section 119.07 and that my signature shall have the security and the security of the section 119.07 and 1907 as required by Chapter 602. Floridation 119.07 and 1907 are section 119.07 are se	(3)(k), Florida Statutes. I further me legal effect as if made under

W.M. CRAVED, FRECTOR 4/29/96 904/638-1431