## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

G53834

(9)

RICELAKE, INC.

Principal Place of Business

Mailing Address

FILED
May 05 1998 8:00am
Secretary of State



920 W. CENTRAL AVE. NEWBERRY FL 32669		POST OFFICE BOX 1133 NEWBERRY FL 32669 US		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
2. Principal P	lace of Business	2a. Mailing Address		<b>08/11/1983 4.</b> FEI Number	Applied For
21		26		59-2316382	Not Applicable
Sulte, Apt. #, etc.		Suite, Apt #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the or	urrent year Intangible
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Registered	l Agent
	IRLOWE JR., HERBERT A.		81 Name		
448 NORTHWEST FIRST AVENUE			B2 Street A	ddress (P.O. Box Number is Not Acceptable)	
NE	WBERRY FL 32669				<del></del>
			83		
			84 City		85 Zip Code
				<u> </u>	<u> </u>
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statu	ites, the above-named o	orporation submits this statement for the purpose pration's board of directors. I hereby accept the ap	of changing its registered
agent. I a	m familiar with, and accept the obli	gations of Section 607.0505, F	Iorida Statutes.	.V Y	
SIGNATURE	10	> lleibeit A.M	1A/bin 8		98
	Signature Typied or printed name of registered a		TE Registered Agent signature re		
12.	OFFICERS AI	ND DIRECTORS	13. 1.1 Title	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12 Change Addition
TITLE			1		AT CHRIDE TO MODITION
NAME	MARLOWE, JEANIE		1.2 NAME	2013 C. 188 A	
STREET ADDRESS	448 NW 1ST AVE			25132 SW 150 AIR	
CITY-ST-ZIP	NEWBERRY FL DST	DELFTE	1.4 C(TY-ST-ZIP		Change Addition
TITLE		☐ DETLIE	2.1 TITLE		THE CHANGE THE PROPERTY
NAME CONCOL ADDRESS	AUSMAN, MICHAEL J. 820 W CENTRAL AVE.		2.2 NAME	*	
STREET ADDRESS	NEWBERRY, FL 00000		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	DP	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME	MARLOWE, HERBERT JR	_ out	3.1 THEE		
STREET ADDRESS	448 NW 1ST AVE		3.3 STREET ADDRESS	25132 SW 15 An	
CITY-ST-ZIP	NEWBERRY FL		3.4. CITY-SI-ZIP	-2136 200 1 MIZ	
TITLE	(VIII TEMPORAL III I III	DELETE	4.1 TITLE		Change Addition
NAME		=-/-	4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		:
TITLE		DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5 4 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		Change Addition
NAME		_	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-7IP			6.4 City-St-7/P		

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 changes, of on an attachment with an address.