

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

FILED  
Apr 28, 1999 8:00 am  
Secretary of State

04-28-1999 90001 045 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # G53834

1. Corporation Name  
RICELAKE, INC.

Principal Place of Business  
920 W. CENTRAL AVE.  
NEWBERRY FL 32669

Mailing Address  
POST OFFICE BOX 1130  
NEWBERRY FL 32669  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/11/1983

4. FEI Number

59-2316382

Applied For

No: 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

2. Principal Place of Business  
21 25132 SW 1st Ave

Suite, Apt. #, etc.

22 City & State

23 Newberry FL

24 Zip

32669

25 Country

USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

30

9. Name and Address of Current Registered Agent

MARLOWE JR., HERBERT A.  
448 NORTHWEST FIRST AVENUE  
NEWBERRY FL 32669

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 reinstating)

DATE

4/26/99

12. OFFICERS AND DIRECTORS

TITLE D  
NAME MARLOWE, JEANIE  
STREET ADDRESS 25132 SW 1ST AVE  
CITY-STATE-ZIP NEWBERRY FL

TITLE DST  
NAME AUSMAN, MICHAEL J.  
STREET ADDRESS 920 W CENTRAL AVE.  
CITY-STATE-ZIP NEWBERRY, FL 00000

TITLE DP  
NAME MARLOWE, HERBERT JR  
STREET ADDRESS 25132 SW 1ST AVE  
CITY-STATE-ZIP NEWBERRY FL

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

4/26/99 352 339-5951

CR2E034 (11/98)