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PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(8)

FILED Apr 30 1998 8:00am Secretary of State

| RICLIN | DEVELOPMENT CORP. | | | | |
|---|--|--|----------------------------------|--|-----------------------------------|
| Principal Place | of Rusiness | Mailing Address | | | 1851 B1811 81811 81811 81811 1881 |
| 2225 ST. RD 3 2225 ST. RD. 3 | | 2225 ST. RD. 3 ST. AUGUSTINE FL 32084 | | DO NOT WRITE IN TH | S SPACE |
| | | | | 3. Date Incorporated or Qualified 11/30/1983 | |
| e Ovincinal DI | ace of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| 2, Principal Pl | ace of pusiness | 26 | | 59-2356148 | Not Applicable |
| Suite, Apt. | # etc | Suite, Apt. #, etc. | | | \$8.75 Additional |
| | | 27 | | 5. Certificate of Status Desired | Fee Required |
| City & State | 9 | 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 | current year Intangible |
| 24 | 25 | | 30 | Personal Property Tax due June 30. | Yes No |
| | Name and Address of Currer | nt Registered Agent | 81 Name | 10. Name and Address of New Registers | a Agent |
| GREENE, CLINION E. | | | oi Name | | |
| 2225 ST RD 3 | | | 82 Street Addi | ress (P.O. Box Number is Not Acceptable) | |
| ST AUGUSTINE FL 32084 | | | 83 | | |
| | | | 63 | | |
| | | | 84 City | | 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 register 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 femiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. | | | | | |
| agent. I ar | m familiar with, and accept the oblig | ations of, Section 607.0505, Flor | ida Statutes. | , , | |
| SIGNATURE | | nove. | Registered Agent signature requi | red when reinslating) DATE | |
| | Signature typod or printed name of registered ag | PNI and the if applicable. (NOTE | 13. | ADDITIONS/CHANGES TO OFFICERS A | |
| 12. TITLE | PTD | DELETE | 1.1 TITLE | ADDITIONS, OF INTIGEOR TO OFFICE HOT | Change Addition |
| NAME | GREENE, RICHARD A. | | 1.2 NAME | | |
| STREET ADDRESS | 376 MARSHPOINT CIRCLE | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ST. AUGUSTINE FL | | 1.4 CITY - ST - ZIP | | |
| TITLE | VSD | ☐ DELETE | 21 TITLE | | ☐ Change ☐ Addition |
| NAME | GREENE, CLINTON E. | | 2.2 NAME | | |
| STREET ADDRESS | 511 TURNBERRY LANE | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ST. AUGUSTINE FL | | 2. 4 CITY - ST - ZIP | | |
| TITLE | | ☐ DELETE | 3.1 TITLE | | Change Addition |
| NAME | | | 3.2 NAME | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 3.4. CITY-ST-ZIP | | Change Addition |
| TITLE | | ☐ DELETE | 4.1 TITLE | | The results The vocation |
| NAME | | | 4. 2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | DELETE | 4.4 CITY-ST-ZIP | | Change Addition |
| TITLE | | □ varea | 5.1 TITLE | | E comité E voteste |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP TITLE | | DELETE | 5.4 CITY- ST-ZIP 6.1 TITLE | | Change Addition |
| NAME | | - Decemb | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| | | | 6.4 CITY-ST-ZIP | | |
| CITY-ST-ZIP | | | 0.4 GHT-31-ZIP | Castian 440 07/0Vi) Elevida Ptatutas I further | contituthat the information |

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 informatio 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.