

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G73627** (3)

1. Corporation Name

RIZON CORPORATION



Principal Place of Business

Mailing Address

**895 WOODLANDS DR.
PORT ST. LUCIE FL 34952**

**895 WOODLANDS DR.
PORT ST. LUCIE FL 34952**

3. Date Incorporated or Qualified

12/15/1983

3a. Date of Last Report

08/10/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt #, etc

26

Suite, Apt #, etc

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LINEBURG, GREGORY LEE
895 WOODLANDS DR.
PORT ST. LUCIE FL 34952**

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, type or print name of registered agent and file if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PVT** ☐ DELETE
NAME **LINEBURG, GREGORY LEE**
STREET ADDRESS **895 WOODLANDS DR.**
CITY-ST-ZIP **PORT ST. LUCIE FL**

TITLE **S** ☒ DELETE
NAME **LINEBURG, MARY FRANCES**
STREET ADDRESS **895 WOODLANDS DR.**
CITY-ST-ZIP **PORT ST. LUCIE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PVTS** ☒ Change ☐ Addition
NAME **Lineburg, Gregory Lee**
STREET ADDRESS **895 Woodlands Dr.**
CITY-ST-ZIP **Port St. Lucie, Fla**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Gregory L. Lineburg, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Gregory L. Lineburg

8/2/96

(407) 461-3738

CR2E034 (3/96)