

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

**APPROVED AND FILED**

**95 APR 18 PM 10:03**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # H01664 (2)**

**1. Corporation Name  
C.I. PARTNERS, INC.**

**Principal Place of Business Mailing Address**  
**% ROY RICKARD  
3390 OCEANSHORE BLVD., SUITE 402  
ORMOND BEACH FL 32176**

DO NOT WRITE IN THIS SPACE.

**3. Date Incorporated or Qualified 3a. Date of Last Report**  
**05/02/1984 04/14/1994**

**4. FEI Number Applied For**  
**59-2395752 Not 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 has liability for intangible tax under S. 193.032, Florida Statutes**  Yes  No

**2. Principal Place of Business 2a. Mailing Address**

**21** **26**

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**23** **28**

**24** **25** **29** **30**

**9. Name and Address of Current Registered Agent**

**RICHARD, ROY  
3390 OCEANSHORE BLVD.  
SUITE 402  
ORMOND BEACH FL 32176**

**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 registering) DATE

**12. OFFICERS AND DIRECTORS**

**TITLE P**  
**NAME RICKARD, ROY**  
**STREET ADDRESS 3390 OCEANSHORE BLVD.**  
**CITY - ST - ZIP ORMOND BEACH FL**

**TITLE VD**  
**NAME CORBETT, PATRICK**  
**STREET ADDRESS P O BOX 2558 NA**  
**CITY - ST - ZIP DAYTONA BEACH FL**

**TITLE D**  
**NAME GIOVANNI, GARY**  
**STREET ADDRESS 707 S. ATLANTIC AVENUE**  
**CITY - ST - ZIP ORMOND BEACH FL**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

**1.1 TITLE**  Change  Addition

**1.2 NAME**

**1.3 STREET ADDRESS**

**1.4 CITY - ST - ZIP**

**2.1 TITLE**  Change  Addition

**2.2 NAME**

**2.3 STREET ADDRESS**

**2.4 CITY - ST - ZIP**

**3.1 TITLE**  Change  Addition

**3.2 NAME**

**3.3 STREET ADDRESS**

**3.4 CITY - ST - ZIP**

**4.1 TITLE**  Change  Addition

**4.2 NAME**

**4.3 STREET ADDRESS**

**4.4 CITY - ST - ZIP**

**5.1 TITLE**  Change  Addition

**5.2 NAME**

**5.3 STREET ADDRESS**

**5.4 CITY - ST - ZIP**

**6.1 TITLE**  Change  Addition

**6.2 NAME**

**6.3 STREET ADDRESS**

**6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed from an attachment with an address.**

**SIGNATURE:** *Roy Rickard* **ROY RICKARD President April 14 95 904-441-8552**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Original Filing #