FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **H21215** **(9)**

1. Corporation Name
RICHENS AND SON,INC.

Principal Place of Business:
RICHENS & SON INC
404 7TH ST N
WIMAUMA FL 33598
US

Mailing Address:
P.O. BOX 5127
SUN CITY CENTER FL 33571

3. Date Incorporated or Qualified: **09/17/1984**
3a. Date of Last Report: **04/03/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 | County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 | County 30

4. FEI Number: **59-2446522** ☐ Applied For ☐ 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 intangibles tax under s. 199.032, Florida Statutes. ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

RICHENS, GEORGE
BOX 275 7TH STREET NORTH
WIMAUMA FL 33598

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 607.1501 or 617.1505, 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 _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME	RICHENS, GEORGE	1 NAME	
STREET ADDRESS	7TH STREET BOX 275	1 STREET ADDRESS	
CITY-ST-ZIP	WIMAUMA FL	1 CITY-ST-ZIP	
TITLE	V ☐ DELETE	2 TITLE	☐ Change ☐ Addition
NAME	RICHENS, RANDY R.	2 NAME	
STREET ADDRESS	1621 3RD AVE SE	2 STREET ADDRESS	
CITY-ST-ZIP	RUSKIN FL	2 CITY-ST-ZIP	
TITLE	TS ☐ DELETE	3 TITLE	☐ Change ☐ Addition
NAME	RICHENS, MABLE	3 NAME	
STREET ADDRESS	7TH STREET BOX 275	3 STREET ADDRESS	
CITY-ST-ZIP	WIMAUMA FL	3 CITY-ST-ZIP	
TITLE	☐ DELETE	4 TITLE	☐ Change ☐ Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE	☐ DELETE	5 TITLE	☐ Change ☐ Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE	☐ DELETE	6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 CITY-ST-ZIP	

14. I do hereby certify that no officer or director has been convicted of a felony or a crime involving fraud, dishonesty, or breach of trust during the preceding 10 years as set forth 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 of this report or on any attachment with blanks.

SIGNATURE: Randy R. Richens 4-5-96 813-634-3820
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE
Randy R. Richens

CR2E034 (12/95)