Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90156 036 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H34231

| 1. Corporation | Name | • | | | | | |
|---------------------------------------|---|------------------------------------|--------------------|-----------------------------------|---|-------------------------------------|------------------------|
| RICHARI | D RICE REALTY, INC. | | | | | | |
| 11107.11 | | | | | E IOORON OND MIRK BIDIN KIRLD MIND HER BRE | I BIBIL BIBIL BIBIL B | (A)) (A)(A) |
| | | | | | | | |
| Principal Place | e of Business | Mailing Address | | | | 1 MIDIS RIPRI AIAII # | 18(1 819(1 198) |
| 4130 S. COUNTY LINE RD. P.O. BOX 1089 | | | | | | | |
| LAKELAND FL 33811 PLANT CITY FL 33564 | | | | | | | |
| US | | | | | | DO NOT WRITE IN THIS SPACE | |
| | | | | | Date Incorporated or Qualifed | | |
| | | | | | 12/14/1984 | | |
| 2. Principal Place of Business | | 2a. Mailing Address | | 4. FEI Number | | plied For | |
| 21 | | 26 | | 59-2476965 | | t Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 A Fee Re | | |
| 22 27 | | | | | | | - |
| City & State | | City & State | | 6. Election Campaign Financing | \$5.00 | · . | |
| 23 | 28 | | | | Trust Fund Contribution | Added to | o rees |
| Zip | | | Country | <i>'</i> | 8. This corporation owes the current year | | □No |
| 24 | 25 29 30 | | 30 | | Personal Property Tax. | | <u> </u> |
| | 9. Name and Address of Currer | nt Registered Agent | 81 | Name | 10. Name and Address of New Registere | a Agent | |
| DICE | DICHARD | | " | Name | · | | |
| RICE, RICHARD | | | | Street Ad | ddress (P.O. Box Number is Not Acceptable) | | |
| 4130 S. COUNTY LINE RD. | | | | | | | · |
| LAKELAND FL 33811 | | | 83 | | | | |
| | | | | City | | . 85 Zip C | Code |
| | | | | | F | <u>L</u> | |
| 11. Pursuant | to the provisions of Sections 607.050 | 2 and 607.1508, Florida Statute | s, the abov | e-named co | orporation submits this statement for the purpose | of changing its sointment as re- | registered aistered |
| office or r | egistered agent, or both, in the State im familiar with, and accept the obliga | ations of, Section 607.0505, Flori | ida Statutes | 1 11 0 COI POI 4 5. | orporation submits this statement for the purpose ation's board of directors. I hereby accept the app | | 3.4 |
| SIGNATURE | | | | | | | <u>.</u> |
| SIGNATURE | Signature, typed or printed name of registered age | ··· | | nt signature req | juired when reinstating) DATE | | |
| 12. | , , , | ND DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFICERS | AND DIRECTO Change | Addition |
| TITLE | P | ☐ DELETE | 1.1 TITLE | | | - Criange | |
| NAME | RICE, RICHARD L. SR. | | 1.2 NAME | | | | |
| STREET ADDRESS | 4130 S. COUNTY LINE RD. | | 1.3 STREE | TADDRESS | | • | |
| CITY-ST-ZIP | LAKELAND FL | | 1.4 CITY-5 | ST-ZIP | | | ☐ Addition |
| TITLE | | ☐ DELETE | 2.1 TITLE | | | ☐ Change | Addition |
| NAME | | | 2.2 NAME | | | | |
| STREET ADDRESS | | | 2.3 STREE | TADDRESS | • | | |
| CITY-ST-ZIP | | | 2. 4 CITY- | ST-ZIP | | | |
| TITLE | | ☐ DELETE | 3.1 TITLE | 1 | | Change | ☐ Addition |
| NAME | | | 3.2 NAME | | · | | i |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | 3.4. CITY-ST-ZIP | | | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | | Change | ☐ Addition |
| NAME | | | 4. 2 NAME | . | | | |
| STREET ADDRESS | | | 4.3 STREE | T ADDRESS | | | |
| | | 4.4 CITY-5 | ST-ZIP | <u></u> | | | |
| TITLE | | | 5.1 TITLE | | | ☐ Change | ☐ Addition |
| NAME | | | 5.2 NAME | | | • | |
| STREET ADDRESS | | | 5.3 STREE | T ADDRESS | | | |
| CITY-ST-ZIP | | | 5.4 CITY-5 | ST-ZIP | | | |
| GHT*GT*LIF | | □ DELETE | SITTLE | - | | Change | ☐ Addition |

CITY-ST-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 organ attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-99

941-646-9111

32E034 (11/98)