

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

FILED
Mar 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # H37646

(7)

1. Corporation Name
RIZE ASSOCIATES, INC.

Principal Place of Business
P. O. BOX 969
P.O. BOX 969
INVERNESS FL 34451-7969

Mailing Address
P. O. BOX 969
P.O. BOX 969
INVERNESS FL 34451-0969



2. Principal Place of Business
21 9478 W. Marquette Lane
Suite, Apt. #, etc.
22
City & State
23 Crystal River, Fl
Zip Country
24 34428 25 Citrus
2a. Mailing Address
26 9478 W. Marquette Lane
Suite, Apt. #, etc.
27
City & State
28 Crystal River, Fl
Zip Country
29 34428 30 Citrus

3. Date Incorporated or Qualified 01/10/1985
3a. Date of Last Report 04/29/1996
4. FEI Number 59-2497120
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 intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
HAYNES, SHIRLEY A.
3288 E THOMAS ST
INVERNESS FL 32850

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
9478 W. Marquette Lane
83
84 City Crystal River FL 85 Zip Code 34428

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GERRITS, EDWARDS G.	
STREET ADDRESS	3288 E THOMAS ST	
CITY-ST-ZIP	INVERNESS FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GERRITS, EDWARD J., II	
STREET ADDRESS	3288 E THOMAS ST	
CITY-ST-ZIP	INVERNESS FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GERRITS, SEAN	
STREET ADDRESS	3288 E THOMAS ST	
CITY-ST-ZIP	INVERNESS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 on an attachment with an address.

CR2E034 (9/96)