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FILED
May 04 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # H64234

(8)

1. Corporation Name

RICHMOND PARTNERS, INC.

Principal Place of Business

400 N. CONGRESS AVENUE
WEST PALM BEACH FL 33401
US

Mailing Address

C/O TERRA PROPERTIES, INC.
2090 PALM BEACH LAKES BLVD., SUITE 801
WEST PALM BEACH FL 33409
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/28/1985

4. FEI Number

59-2551946

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

25

2a. Mailing Address

26 223 QUEENS LANE

27 Suite, Apt. #, etc.

28 City & State

29 PALM BEACH FL

30 Zip

31 33480

32 Country

33 USA

9. Name and Address of Current Registered Agent

CAMERON-HAYES, J.
220 INDIAN RD
PALM BEACH FL 33480

10. Name and Address of New Registered Agent

81 Name

J. CAMERON-HAYES

82 Street Address (P.O. Box Number is Not Acceptable)

223 QUEENS LANE

83

PALM BEACH

84 City

FL

85 Zip Code

33480

11. Pursuant to the provisions of Sections 607.0507 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)

4-21-98

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME CAMERON-HAYES, JONATHON
STREET ADDRESS 220 INDIAN ROAD
CITY-ST-ZIP PALM BEACH FL

TITLE DVPS
NAME CAMERON-HAYES, M. MICHELE
STREET ADDRESS 220 INDIAN ROAD
CITY-ST-ZIP PALM BEACH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 PD
1.2 NAME CAMERON-HAYES, JONATHON
1.3 STREET ADDRESS 223 QUEENS LANE
1.4 CITY-ST-ZIP PALM BEACH FL 33480

2.1 TITLE DVPS
2.2 NAME CAMERON-HAYES M. MICHELE
2.3 STREET ADDRESS 223 QUEENS LANE
2.4 CITY-ST-ZIP PALM BEACH FL 33480

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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 on an attachment with an address.

SIGNATURE:

PRE

4-21-98

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CR2E034 (10/97)