

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 # J09384 (5)

1. Corporation Name

RIANO EQUIPMENT CO.



Principal Place of Business

Mailing Address

RT. 12, BOX 544
P.O. BOX 24
LAKE CITY FL 32055
US

% MARCOS D. RIANO
P.O. BOX 24
LAKE CITY FL 32056

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 MARCOS D. RIANO

22 City & State

27 RT. 12, BOX 544
City & State

23 Zip

Country

28 LAKE CITY, FLA.
City & State

24

25

29

32055

30

USA

3. Date Incorporated or Qualified

04/15/1986

3a. Date of Last Report

01/31/1995

4. FEI Number

59-2954103

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RIANO, MARCOS D.
ROUTE 12, BOX 544
LAKE CITY FL 32055

81 Name

MARCOS D. RIANO

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

RT 12, BOX 544 (CROW CT.)

83

84

City LAKE CITY

FL

85 Zip Code

32055

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
RIANO, MARCOS D.
STREET ADDRESS
RT 12 BOX 544 POB 0024
CITY-ST-ZIP
LAKE CITY FL

1 1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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STREET ADDRESS

CITY-ST-ZIP

12 NAME ☐ Change ☐ Addition

13 STREET ADDRESS

14 CITY-ST-ZIP

2 1 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3 1 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4 1 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5 1 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6 1 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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, or on an attachment with an address.

SIGNATURE:

MARCOS D. RIANO (MARCOS D. RIANO)

JAN. 24/96

(904) 752-1691

CR2E034 (12/95)