1999

1. Corporation Name

DOCUMENT # J55765

LARRY C. RICH & ASSOCIATES, INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90174 045 ***150.00

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Principal Place	of Business	Mailing Address				- 1 (00)150 \$101 01101 01151 18010 8311	#1 #114 11 1	. A1811 A1811 A191	* m/841 WIGIF 1881
610 W. NINE MILE RD. PENSACOLA FL 32534-1834 2010 WILDE LAKE BLVD PENSACOLA FL 32526		,			DO NOT WRIT	re iki TH	IS SDACE		
		US				3. Date Incorporated or Qualifed		13 SFACE	
					_	02/05/1987			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number			Applied For
21		26				59-2769119			Not Applicable
- Suite, Apt.	#, etc	Suite; Apt: #; etc.	•	- . ·	•	5. Certifcate of Status Desired	Ġ	¥	Additional Required
City & State	3	City & State				6. Election Campaign Financing		\$5.0	O May Be
23	•	28			_	Trust Fund Contribution		Adde	d to Fees
Zip	Country	Zip	Cour	ntry		8. This corporation owes the curre	ent year l	ntangible	
24	25	29	30			Personal Property Tax.		☐Yes	□No
	9. Name and Address of Current	Registered Agent				10. Name and Address of New R	egistere	d Agent	
DIO!	LADDY			81	Name				
	LARRY C.		}	82	Street Addre	ess (P.O. Box Number is Not Accepta	ble)		
	WILDE LAKE BLVD								
PENS	SACOLA FL 32526	•	-	83					
	•	•	` -	84	City	,	F	85 Zi	p Code
44 5	to the provisions of Sections 607.0502	and CO7 1500 Florido Statutos		1	namad sarna	ention cubmits this statement for the	-		its registered
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	if Florida. Such change was aut	thorized	by th	ne corporation	n's board of directors. I hereby accep	t the app	ointment as	registered
SIGNATURE							_		
	Signature, typed or printed name of registered agent			Agent :	signature required	when reinstating) ADDITIONS/CHANGES TO OFF	DATE	AND DIDECT	TODE IN 12
12.	OFFICERS AND	D DIRECTORS DELETE	13.			ADDITIONS/CHANGES TO OFF	-ICERS A	☐ Chang	
TITLE	D ·		1.1 TIT					Orlang	
NAME	RICH, LARRY C.		1.2 NA						
STREET ADDRESS	3010 WILDE LAKE BLVD			-	VDORESS				
CITY-ST-ZIP	PENSACOLA FL 32526	[] per exe	_	TY-ST-	ZIP			Chang	e
11TLE	D D	☐ DELETE	2.1 T/T					☐ Criaing	e D Addition
NAME	RICH, BETTY K.		2.2 NA				~		-
STREET ADDRESS	3010-WILDE LAKE BLVD				ADDRESS				
CITY-ST-ZIP	PENSACOLA FL 32526		_	TY-ST-	-ZIP			- Chann	e 🗀 Addition
TITLE		☐ DELETE	3.1 TIT		Ì			Chang	e
NAME :			3.2 NA						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP	<u>.</u>	——————————————————————————————————————	_	TY-ST-	-ZIP		_	Chan	a D Addition
TITLE		☐ DELETE	4,1 TIT		ļ			☐ Chang	e
NAME			4.2 N	AME	\				
STREET ADDRESS			4.3 ST	REETA	ADDRESS				
CITY-ST-ZIP			_	TY-ST-	ZIP				n Daddii
TITLE		☐ DELETE	5.1 TIT					☐ Chang	e
NAME			5.2 NA						
STREET ADDRESS	1		1		ADORESS				
CITY-ST-ZIP				TY-ST-	ZIP				- D+4ee
TITLE		☐ DELETE	6.1 TIT					☐ Chang	e
NAME			6.2 NA						
STREET ADDRESS			6.3 ST	REETA	ADDRESS				
CITY-ST-ZIP			6.4 CIT	TY-\$T-	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, with all other like empowered.

SIGNATURE: 4

DESCRIPTION OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #