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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J82351

(4)

Mailing Address

READY-REDDI, INC.

Principal Place of Business

FILED Feb 25 1997 8:00am Secretary of State

| 20 SOUTH DILL<br>PO BOX 771007<br>WINTER GARDE<br>US   |   | 20 SOUTH DILLARD STREET<br>PO BOX 771007<br>WINTER GARDEN FL 34777-1007<br>US |                  |  | 3. Date Incorporated or Qualified       | 3a. Da                                  | te of Las  | t Report                    |                |                                       |  |  |
|--|---|---|------------------|--|---|---|--|-----------------------------|----------------|---------------------------------------|--|--|
| <b>-</b> ·   |   | •   |                  |  |   | 07/07/1987                              |  | 02/26/1996                  |                |                                       |  |  |
| 2. Principal Place of Business 26. Mailing Address   |   |   |                  |  |   | *************************************** | 4. FEI Number  | <u> </u>                    |                | Applied For                           |  |  |
| 21   | 26  |   |                  |  | _                                       | 59-2828969                              |  |                             | Not Applicable |                                       |  |  |
| Suite Apt. :   | #, etc.   | Suite, Apt. #, etc.   | <u>  </u>        |  |   |   | 5. Certificate of Status Desired S8.75 Additional Fee Required |                             |                |                                       |  |  |
| City & Stat∈<br>23   | City & State City & State                         |   |                  |  |   |   | Election Campaign Financing     Trust Fund Contribution        | \$5.00 May Be Added to Fees |                |                                       |  |  |
| 7ip<br>24  | 25 29 30  |   |                  | unity 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes   Yes □ No |   |   |  |                             |                | r s. 199,032,                         |  |  |
|  | 9. Name and Address of Curr                       | ent Registered Agent  |                  | 10. Name and Address of New Registered Agent  81 Name  |   |   |  |                             |                |                                       |  |  |
|  | HFORD, JAMES M.                                   |   |                  | "  | Na                                      | me                                      |  |                             |                |                                       |  |  |
| 235 N DILLARD ST<br>WINTER GARDEN FL 34787   |   |   |                  |  | Stre                                    | eet Addre                               | ess (P.O. Box Number is Not Acceptab                           |                             |                |                                       |  |  |
| 1  |   |   |                  | 83   |   |   |  |                             |                | ļ                                     |  |  |
|  |   |   |                  | 84   |   | •                                       |  | FL                          |                | ip Code                               |  |  |
| 11. Pursuant to the previsions 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 farmers with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE |   |   |                  |  |   |   |  |                             |                |                                       |  |  |
|  | Signature, typed or printed harno of registered a |   |                  | d Age  | ent Bign                                | ature require                           | ed when reinstating)   | DATE                        |                |                                       |  |  |
| 12.  | OFFICERS A  | ND DIRECTORS  DELETE  | 13.              | T. F   |   |   | ADDITIONS/CHANGES TO OFFIC                                     | ERS AND                     | DIRECT Chang   |                                       |  |  |
| TITLE  | PITCHFORD, JAMES M.                               | ☐ DETERE  | 1.1 TI           |  |   |   | ·  |                             | LJ Chang       | I TOURDON [ S                         |  |  |
| NAME   | 235 N DILLARD ST                                  |   | 1.2 N            |  |   |   |  |                             |                |                                       |  |  |
| STREET ADDRESS   | MANTED CAPOEN EI                                  |   |                  | 1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP  |   | 155                                     |  |                             |                | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |  |  |
| CITY-ST-ZIP  |   |   |                  | TILE Chan  |   |   |  | e                           |                |                                       |  |  |
| NAME   | PITCHFORD-DUNN, JILL                              |   | 2.2 N            |  |   |   |  |                             |                |                                       |  |  |
| STREET ADDRESS   | 3409 REX DRIVE                                    |   |                  |  | ADDRE                                   | ESS                                     | •  |                             |                |                                       |  |  |
| CHY-ST-ZIP   | WINTER GARDEN FL                                  |   | 2. 4 CITY-ST-ZIP |  | .                                       |   |  |                             | }              |                                       |  |  |
| TIFLE  | DP DELFTE 3.1                                     |   |                  | TLE  |   |   |  |                             | Chang          | ge Addition                           |  |  |
| NAME   |   |   |                  | 3.2 NAME   |   |   |  |                             |                |                                       |  |  |
| STREET ADDRESS   |   |   |                  | 3.3 STREET ADDRESS   |   | ESS                                     |  |                             |                |                                       |  |  |
| City - St - ZiP  |   |   |                  |  | ST-ZIP                                  | <u> </u>                                | ······································                         |                             | T Ossai        | n large                               |  |  |
| TITLE  |   | DELETE  | 4,1 Ti           |  |   |   |  |                             | L. Chang       | ge Addition                           |  |  |
| NAME   |   |   | 4.2 M            |  |   |   |  |                             |                |                                       |  |  |
| STREET ADDRESS   |   |   |                  |  | T ADDRI                                 | 602                                     | •  |                             |                |                                       |  |  |
| CITY - ST - ZIP<br>TOLE  |   | DELETE  | 5.1 TI           |  | ST-ZIP                                  |   |  | <del></del>                 | Chang          | ge Addition                           |  |  |
| NAME   |   | had weekly  | 52N              |  |   |   |  |                             |                |                                       |  |  |
| STREET ADDRESS   |   |   | •                |  | T ADDR                                  | ESS                                     |  |                             |                | \                                     |  |  |
| CHY-ST-ZIP   |   |   |                  |  | 5T-ZIP                                  | 1                                       |  |                             |                |                                       |  |  |
| TITLE  |   | DELETE  | 611              |  | *************************************** |   |  |                             | Chang          | ge Addition                           |  |  |
| NAME   |   |   | 62 N             | AME  |   |   |  |                             |                |                                       |  |  |
| STREET ADDRESS   |   |   | 635              | TREET  | T ADDRI                                 | ESS                                     |  |                             |                |                                       |  |  |
| CITY -S1 - 719   |   |   | 640              | ITY-S  | ST-ZIP                                  |   |  |                             |                |                                       |  |  |

4. 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 supplieriental 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

CONTRACTOR OF PRINTED NAME OF SIGNING OFFICER OR DIRECTO

TILL RITCHFORD - DUNN 2/2491 (407) 457- 4897

FICER OR DIRECTOR