FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED AND FILED

95 MAY -1 AM 8:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J87553 (0)

1. Corporate Name

RICHENBACHERS, INCORPORATED

Principal Place of Business

114 SE 1ST ST #9
GAINES FL 32601

Mailing Address

114 SE 1ST ST #9
GAINES FL 32601

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/17/1987

3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21

2a. Mailing Address
26

4. FEI Number: 59-2844990 ☐ Applied For ☐ Not Applicable

Suite Apt. # or
22

Suite Apt. # or
27

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

City & State
23

City & State
28

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

24 25 29 30

8. This corporation was formed pursuant to chapter 607 of the Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FISHMAN, ALAN
114 SE 1ST ST
SUITE 9
GAINES FL 32601

10. Name and Address of New Registered Agent

81 Name

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

83

84 City FL 85 Zip Code

11. Pursuant to the provisions of Section(s) 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

(Typed or printed name of registered agent and title if agent is an officer or authorized representative of a corporation) (Registered agent's signature required when changing agent) (Date)

12. OFFICERS AND DIRECTORS

TITLE	PTS
NAME	FISHMAN, ALAN
STREET ADDRESS	441 1/4 MI N SANTA FE RV
CITY-ST-ZIP	HIGH SPRINGS 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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	
71 TITLE	☐ Change ☐ Addition
72 NAME	
73 STREET ADDRESS	
74 CITY-ST-ZIP	
81 TITLE	☐ Change ☐ Addition
82 NAME	
83 STREET ADDRESS	
84 CITY-ST-ZIP	
91 TITLE	☐ Change ☐ Addition
92 NAME	
93 STREET ADDRESS	
94 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is absolutely furnished and 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 1, 11 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone #)

0034215 CP