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 JUL -6 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K46342** **(7)**

1. Corporation Name
RICHARDS & COMPANY, INC.

Principal Place of Business
C/O JOHN W. SULLIVAN
2070 TALLEYRAND AVE.
JACKSONVILLE FL 32206
US

Mailing Address
C/O JOHN W. SULLIVAN
2070 TALLEYRAND AVE.
JACKSONVILLE FL 32206
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/21/1988**
3a. Date of Last Report: **06/06/1994**

2. Principal Place of Business — 21 — Suite, Apt. #, etc. — 22 — City & State — 23 — Zip — 24 — County — 25
2a. Mailing Address — 26 — Suite, Apt. #, etc. — 27 — City & State — 28 — Zip — 29 — County — 30

4. FEI Number: **59-2920045** — 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 activity for administrative fee under $100,000 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
SULLIVAN, JOHN W
2070 TALLEYRAND AVE.
JACKSONVILLE FL 32206

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 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 of a new registered agent either individually or on behalf of a business entity) (Date) (Registered Agent signature required only if resigning) (Date)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SULLIVAN, JOHN W
STREET ADDRESS	2070 TALLEYRAND AVE.
CITY, ST, ZIP	JACKSONVILLE FL
TITLE	S
NAME	SULLIVAN, AMY C
STREET ADDRESS	218 SOUTH ST.
CITY, ST, ZIP	NEPTUNE BCH. FL
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

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
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	

14. I hereby certify that the information required with this form is voluntarily furnished and does not qualify for the exception stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information contained in the annual report or supplemental annual report is true and correct and that the corporation has the same legal office (as shown above) with that person, officer or director of the corporation or the person so duly 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 is added as an officer or director with an addition.

SIGNATURE: Sulan W. Sullivan 7/25/95 904-358-7171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Area Code & Daytime Phone Number)

0022783 CP