FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 13 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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

1. Corporation Name
RICHARDS & COMPANY, INC.

Principal Place of Business	Mailing Address
C/O JOHN W. SULLIVAN 2070 TALLEYRAND AVE. JACKSONVILLE FL 32206 US	C/O JOHN W. SULLIVAN 2070 TALLEYRAND AVE. JACKSONVILLE FL 32206-4248 US

3. Date Incorporated or Qualified: 11/21/1988
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business	2a. Mailing Address
21 c/o John W. Sullivan	26 c/o John W. Sullivan
Suite, Apt. #, etc. 22 218 South St.	Suite, Apt. #, etc. 27 218 South St.
City & State 23 Neptune Beach, Fl.	City & State 28 Neptune Beach, Fl.
Zip 24 32266 Country 25 USA	Zip 29 32266 Country 30 USA

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 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
SULLIVAN, JOHN W 2070 TALLEYRAND AVE. JACKSONVILLE FL 32206	81 Name: Sullivan, John W. 82 Street Address (P.O. Box Number is Not Acceptable): 218 South St. 83 84 City: Neptune Beach FL 85 Zip Code: 32266

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 _____ (NOTE: Registered Agent's signature required when name(s) only) DATE
Signature, typed or printed name of individual and title, if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	SULLIVAN, JOHN W		1.2 NAME	Sullivan, John W.	
STREET ADDRESS	2070 TALLEYRAND AVE.		1.3 STREET ADDRESS	218 South St.	
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	Neptune Beach, Fl. 32266	
TITLE	S	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SULLIVAN, AMY C		2.2 NAME		
STREET ADDRESS	218 SOUTH ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	NEPTUNE BCH. FL		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. 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 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: John W. Sullivan 4/28/97 904-356-7171