

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -2 PM 2:53

DOCUMENT # **K52760** (1)

1. Corporation Name
ROBERT A. RILEY ENTERPRISES, INC.

Principal Place of Business Mailing Address
1618 GARDNER DR. LUTZ FL 33549

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/20/1988** 3a. Date of Last Report **04/27/1994**

4. FEI Number **59-2923589** 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

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

23 City & State 27 City & State

24 Zip Country 28 Zip Country 30

9. Name and Address of Current Registered Agent

**RILEY, ROBERT A., JR.
1618 GARDNER DRIVE
LUTZ FL 33549**

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 officer 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 *Robert A. Riley, Jr.*
Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	RILEY, BARBARA A.
STREET ADDRESS	1618 GARDNER DR.
CITY-ST-ZIP	LUTZ FL
TITLE	P
NAME	RILEY, ROBERT A., JR.
STREET ADDRESS	1618 GARDNER DR.
CITY-ST-ZIP	LUTZ 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

1.1 TITLE	NONE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RILEY, BARBARA A.	
1.3 STREET ADDRESS	1618 GARDNER DR.	
1.4 CITY-ST-ZIP	LUTZ FL 33549	
2.1 TITLE	P, VP, SEC. TREAS.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	RILEY, ROBERT A., JR.	
2.3 STREET ADDRESS	1618 GARDNER DR.	
2.4 CITY-ST-ZIP	LUTZ, FL 33549	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 responsible officer empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or as an addition.

SIGNATURE: *Robert A. Riley, Jr.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(Signature Number)

1/30/95

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