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Apr 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K66013 (9)

1. Corporation Name
RICCIARDELLI INSULATION CONTRACTING, INC.

Principal Place of Business
MARY G. RICCIARDELLI
9010 NORTHWEST SECOND STREET
PEMBROKE PINES FL 33024

Mailing Address
MARY G. RICCIARDELLI
9010 NORTHWEST SECOND STREET
PEMBROKE PINES FL 33024-6402



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified
02/08/1989

3a. Date of Last Report
05/01/1996

4. FEI Number

65-0112229

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

RICCIARDELLI, MARY G.
9010 NORTHWEST SECOND STREET
PEMBROKE PINES FL 33024

10. Name and Address of New Registered Agent

81 Name
MICHAEL N. RICCIARDELLI

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
MICHAEL N. RICCIARDELLI

MICHAEL N. RICCIARDELLI STD.

DATE
3/17/97

12. OFFICERS AND DIRECTORS

TITLE
PD
NAME
RICCIARDELLI, MARY G.
STREET ADDRESS
9010 N.W. SECOND STREET
CITY-ST-ZIP
PEMBROKE PINES FL

TITLE
STD
NAME
RICCIARDELLI, MICHAEL N.
STREET ADDRESS
9010 N.W. SECOND STREET
CITY-ST-ZIP
PEMBROKE PINES 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
PD
1.2 NAME
WASHINGTON, JILL LYN
1.3 STREET ADDRESS
P.O. BOX 25
1.4 CITY-ST-ZIP
CLAYTON, NJ 08312

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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: MICHAEL N. RICCIARDELLI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DATE
3/17/97
DAYTIME PHONE #
954-432-6487

CR2E034 (9/96)