

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90002 024 ***150.00

DOCUMENT # K66013

1. Corporation Name

RICCIARDELLI INSULATION CONTRACTING, INC.



Principal Place of Business

C/O MICHAEL RICCIARDELLI
9010 NORTHWEST SECOND STREET
PEMBROKE PINES FL 33024
US

Mailing Address

C/O MICHAEL RICCIARDELLI
9010 NORTHWEST SECOND STREET
PEMBROKE PINES FL 33024
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/08/1989

4. FEI Number

65-0112229

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.

☒ Yes ☐ No

2. Principal Place of Business

21 6881 W. WEDGEWOOD AVE

Suite, Apt. #, etc.

22

City & State

23 DAVIE, FL

Zip

24 33331

Country

25 US

2a. Mailing Address

26 6881 W. WEDGEWOOD AVE.

Suite, Apt. #, etc.

27

City & State

28 DAVIE, FL

Zip

29 33331

Country

30 US

9. Name and Address of Current Registered Agent

RICCIARDELLI, MICHAEL N
9010 NORTHWEST SECOND STREET
PEMBROKE PINES FL 33024

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
6881 W. WEDGEWOOD AVE

83

84 City DAVIE

FL

85 Zip Code 33331

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

S/T/D M. Ricciardelli

2/28/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME WASHINGTON, JILL L
STREET ADDRESS PO BOX 25
CITY-ST-ZIP CLAYTON NJ

☒ DELETE

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

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P D
1.2 NAME MARGARET M RICCIARDELLI
1.3 STREET ADDRESS 6881 W WEDGEWOOD AVE
1.4 CITY-ST-ZIP DAVIE, FL 33331

☐ Change ☒ Addition

2.1 TITLE STD
2.2 NAME MICHAEL N RICCIARDELLI
2.3 STREET ADDRESS 6881 W. WEDGEWOOD AVE
2.4 CITY-ST-ZIP DAVIE, FL 33331

☒ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

14. I 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, with all other like empowered.

SIGNATURE: MICHAEL RICCIARDELLI

M. Ricciardelli

2/28/99

954-852-4877

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

031722

CR2E034 (11/98)