

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Secretary of State
Tallahassee, Florida 32399-0001

APPROVED
AND
FILED

95 MAY 10 PM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L07330**

(8)

RITHALER ENTERPRISES, INC.

(Do Not Write In This Space)

1. Principal Office Address 2401 RIVER HAMMOCK LN FT. PIERCE FL 34981 US		2a. Mailing Address 2401 RIVER HAMMOCK LN FT. PIERCE FL 34981 US		3. Date Incorporated or Qualified 08/08/1989	3a. Date of Last Report 02/15/1994
2. Foreign Office of Operations 21	2a. Mailing Address 26	4. FIC Number 65-0142330	Applied For Not Applicable		
State Apt # of 22	State Apt # of 27	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required		
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contributions ☐	\$5.00 May Be Added to Fees		
Zip 24	Country 25	7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	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

**RITHALER, CAROLE
2401 RIVER HAMMOCK LANE
E
FT. PIERCE FL 34981**

B1. Name	
B2. Street Address (P.O. Box Number is Not Acceptable)	
B3.	
B4. City	FL
B5. Zip Code	

11. Pursuant to the provisions of Sections 607.0612 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 607.0605, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Registered Agent/Attorney in Fact)

(Signature of Registered Agent or Registered Agent/Attorney in Fact)

(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 1995	
NAME D RITHALER, ROBERT, SR. 2401 RIVER HAMMOCK LN. FT. PIERCE FL	1. NAME 2. NAME 3. STREET ADDRESS 4. CITY, ST, ZIP	☐ Change ☐ Addition	
NAME D RITHALER, CAROL E 2401 RIVER HAMMOCK LN. FT. PIERCE FL	1. NAME 2. NAME 3. STREET ADDRESS 4. CITY, ST, ZIP	☐ Change ☐ Addition	
NAME D RITHALER, RONALD CHARLES 2401 RIVER HAMMOCK LN FT. PIERCE FL	1. NAME 2. NAME 3. STREET ADDRESS 4. CITY, ST, ZIP	☐ Change ☐ Addition	
NAME D RITHALER, CHERYL TANYA 2401 RIVER HAMMOCK LN FT. PIERCE FL	1. NAME 2. NAME 3. STREET ADDRESS 4. CITY, ST, ZIP	☐ Change ☐ Addition	
NAME 1. NAME 2. NAME 3. STREET ADDRESS 4. CITY, ST, ZIP	1. NAME 2. NAME 3. STREET ADDRESS 4. CITY, ST, ZIP	☐ Change ☐ Addition	
NAME 1. NAME 2. NAME 3. STREET ADDRESS 4. CITY, ST, ZIP	1. NAME 2. NAME 3. STREET ADDRESS 4. CITY, ST, ZIP	☐ Change ☐ Addition	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and correct, for the corporation stated on this form. I understand that the information included 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 registered agent empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an affidavit with an address.

SIGNATURE: *Carole Rithaler*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-13-95 407-461-9480