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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

 1	9	9	6	

	Corporation RICK	Name		10325 RUCTION C		(3)										
Principal Place of Business Mailing Address																
% RICK JOHNSON 5214 36TH AVE CIR W BRADENTON FL 34209 US				% RICK JOHNSON 5214 36TH AVE CIR W BRADENTON FL 34209 US			3.	Date Incorporated or Qua	3a. Dat	Date of Last Report						
Ļ											08/21/1989			03/10/1	995	
_	Principal Pla	ace of Busin	988	,	<del></del>	ng Address				4.	. FET Number 65-0125865				Applied I	
21	Suite, Apt.	# etc			26 Suite	e. Apt. #. etc.					00.0150000				Not Appl	
22	* *			ļ	27 City & State					5.	<ul> <li>Certificate of Status Desir</li> </ul>	ed			<b>75</b> Additione Required	
<del> </del> -										6.	. Election Campaign Financ	ing				
23	3				28					6. Election Campaign Financing Trust Fund Contribution Added to Fees						
	Zip	Country			Zip			Country			This corporation has liabili					
24		- Nome	25		29	<u> </u>	30]	,		۷		•	□No			
		9. Name	and Addres	s of Current R	iegisterea	Agent		81	Mana	10	. Name and Address of I	lew R	tegistered	Agent		
	IOHNS	ON DICK						["	Name							
JOHNSON, RICK 5214 36TH AVE. CIRCLE W.							82	Street Addr	dress (P.O. Box Number is Not Acceptable)							
		TON FL 3					-	83			· · <del>· ·</del> · · · · · · · · · · · · · · ·					
	UI = 10 = 1	1101112	7200						<b>∟</b> : <b>,</b>							
								84	City	· · -	· ·		FL	85	Zip Code	
11	I. Pursuant t	o the provisi	ons of Sectio	ns 607.0502 an	d 607.1508	8. Florida Statute	I es. the abo	ve n	amed corpor	ation s	submits this statement for t	ne bur	moss of ch	enoina its	s registered	d office
	or register	ed agent, or	both, in the 5	State of Florida. I	Such chanc	ge was authorize	ed by the c	orpe	oration's boar	rd of a	directors. Thereby accept th	а арро	cintment as	s registere	ad agent. I	arn
Si	ONIATUOE															;
		Signature, typed	or printed name of	fregistered agent and	tile if applicant	e (NO1		April	1.5 ghafere require	dwaerr			DATE			
12	2	ST	OF	FICERS AND D	IRECTORS	3	13.				ADDITIONS/CHANGES 10	) OFFI				
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STF	REET ADDRESS						5381	REET A	ADDRESS							

5 4 CITY - ST - ZIP

6.3 STREET ADDRESS

6 1 TITLE

6.2 NAME

**SIGNATURE:** 

appears in Block 12 or Block

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14. I do hereby certify that the information supplied with this filing is voluntarily if certify that the information indicated on this angual report or supplementar a cath, that I am an officer or director of the conoration or the receiver of the conoration.

DELETE

3-19-96 941-794-0361

and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. Hurther for report is true and accurate and that my signature shall have the same legal effect as if made under a empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

Addition

Change