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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L43170

1. Corporation Name: Rickenrich ~~Corporation~~ Corp.

Principal Place of Business / Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01-01-90
3a. Date of Last Report:

2. Principal Place of Business: 21 5497 Benchmark Ln
Suite, Apt #, etc: 22
City & State: 23 Sanford, FL
Zip: 24 32773 Country: 25 \

2a. Mailing Address: 26 5497 Benchmark Ln
Suite, Apt #, etc: 27
City & State: 28 Sanford, FL
Zip: 29 32773 Country: 30

4. FEI Number: 59-3000569 ☐ 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. The 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

81 Name: Richard Schmitt
82 Street Address (P.O. Box Number is Not Acceptable)
83: 5497 Benchmark Lane
84 City: Sanford **FL** 85 Zip Code: 32773

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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: _____ (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE → PRESIDENT NAME: Kenneth Chitwood STREET ADDRESS: 5497 Benchmark Lane CITY ST ZIP: Sanford, FL 32773	11 TITLE ☐ Change ☐ Addition 12 NAME 13 STREET ADDRESS: please note address 14 CITY ST ZIP
TITLE → SECRETARY NAME: Elizabeth Schmitt STREET ADDRESS: 5497 Benchmark Ln CITY ST ZIP: Sanford, FL 32773	21 TITLE ☐ Change ☐ Addition 22 NAME 23 STREET ADDRESS: Please note address 24 CITY ST ZIP
TITLE → V.P. & TREASURER NAME: Richard Schmitt STREET ADDRESS: 5497 Benchmark Ln CITY ST ZIP: Sanford, FL 32773	31 TITLE ☐ Change ☐ Addition 32 NAME 33 STREET ADDRESS: please note address 34 CITY ST ZIP
TITLE NAME STREET ADDRESS CITY ST ZIP	41 TITLE ☐ Change ☐ Addition 42 NAME: 600001513136 43 STREET ADDRESS: -06/14/35--01077--003 44 CITY ST ZIP: ****200.00 ****200.00
TITLE NAME STREET ADDRESS CITY ST ZIP	51 TITLE ☐ Change ☐ Addition 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP
TITLE NAME STREET ADDRESS CITY ST ZIP	61 TITLE ☐ Change ☐ Addition 62 NAME 63 STREET ADDRESS: [illegible] MAY 1 64 CITY ST ZIP RC

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Richard R Schmitt Jr Richard R Schmitt SR 4/22/95
SIGNATURE AND TYPED OR PRINTED NAME OF MANING OFFICER OR DIRECTOR — Date — Daytime Phone #