

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L43170** (4)

1. Corporation Name
RICKENRICH CORP.



Principal Place of Business

**5497 BENCHMARK LN
SANFORD FL 32773**

Mailing Address

**5497 BENCHMARK LN
SANFORD FL 32773**

3. Date Incorporated or Qualified

01/10/1990

3a. Date of Last Report

06/09/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FBI 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. 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

**SCHMITT, RICHARD R. SR.
5497 BENCHMARK LN
SANFORD FL 32771**

81. Name

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 607.1506, 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 607.0506, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and the corporation

(NOTE: Registered Agent signature required when not blank)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **S** ☐ DELETE

NAME **SCHMITT, ELIZABETH**
STREET ADDRESS **5497 BENCHMARK LN**
CITY-ST-ZIP **SANFORD FL 32773**

TITLE **P** ☐ DELETE

NAME **KENNETH CHITWOOD**
STREET ADDRESS **5497 BENCHMARK LANE**
CITY-ST-ZIP **SANFORD FL 32773**

TITLE **VPT** ☐ DELETE

NAME **RICHARD SCHMITT**
STREET ADDRESS **5497 BENCHMARK LN**
CITY-ST-ZIP **SANFORD FL 32773**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1. TITLE ☐ Change ☐ Addition

12. NAME
13. STREET ADDRESS
14. CITY-ST-ZIP

2. TITLE ☐ Change ☐ Addition

22. NAME
23. STREET ADDRESS
24. CITY-ST-ZIP

3. TITLE ☐ Change ☐ Addition

32. NAME
33. STREET ADDRESS
34. CITY-ST-ZIP

4. TITLE ☐ Change ☐ Addition

42. NAME
43. STREET ADDRESS
44. CITY-ST-ZIP

5. TITLE ☐ Change ☐ Addition

52. NAME
53. STREET ADDRESS
54. CITY-ST-ZIP

6. TITLE ☐ Change ☐ Addition

62. NAME
63. STREET ADDRESS
64. CITY-ST-ZIP

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)(k), 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 in an attachment with an address.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-96

Date

Signature Printed Name

CR2E034 (12/95)