

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

55 MAY -1 AM 5:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L59963** (3)

1. Corporation Name

**RICHLAND RESOURCES, INC.**

Principal Place of Business

Mailing Address

% JACK H. BRAY  
4830 W. KENNEDY BLVD., SUITE 740  
TAMPA FL 33609

% JACK H. BRAY  
4830 W. KENNEDY BLVD., SUITE 740  
TAMPA FL 33609

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>03/23/1990</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>59-3001254</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under § 199.037, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent

**BRAY, JACK H.  
4830 W. KENNEDY BLVD.  
SUITE 740, ONE URBAN CENTER  
TAMPA FL 33609**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

**FL**

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

12. OFFICERS AND DIRECTORS

1. TITLE	<b>D</b>
2. NAME	<b>BRAY, JACK H.</b>
3. STREET ADDRESS	<b>4830 W. KENNEDY BLVD.</b>
4. CITY, ST, ZIP	<b>TAMPA FL</b>
5. TITLE	<b>VPS</b>
6. NAME	<b>ROSS, SAMUEL K.</b>
7. STREET ADDRESS	<b>4830 W. KENNEDY BLVD.</b>
8. CITY, ST, ZIP	<b>TAMPA FL</b>
9. TITLE	<b>S</b>
10. NAME	<b>GREEN, DANIEL B.</b>
11. STREET ADDRESS	<b>4830 W. KENNEDY BLVD.</b>
12. CITY, ST, ZIP	<b>TAMPA FL</b>
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	<b>D/P</b>
3. STREET ADDRESS	<b>Bray John H.</b>
4. CITY, ST, ZIP	<b>4830 W. Kennedy Blvd. Ste 740</b>
5. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	<b>V/S</b>
7. STREET ADDRESS	<b>Ross, Samuel K.</b>
8. CITY, ST, ZIP	<b>4830 W. Kennedy Blvd. Ste 740</b>
9. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	<b>V/S</b>
11. STREET ADDRESS	<b>Green, Daniel B.</b>
12. CITY, ST, ZIP	<b>4830 W. Kennedy Blvd. Ste 740</b>
13. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
14. NAME	<b>T</b>
15. STREET ADDRESS	<b>West, Dale H.</b>
16. CITY, ST, ZIP	<b>4830 W. Kennedy Blvd. Ste 740</b>
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.037(6)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 liquidator empowered to execute this report as indicated by Chapter 447, Florida Statutes, and that my name appears on Block 12, or Block 13 of this report, or on an attachment with an address.

SIGNATURE:

*Samuel B. Ross*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Daniel B. Green* 4830 W. Kennedy Blvd. Ste 740 (813) 286-4140  
Vice President