

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Feb 05, 1998 8:00 am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # L94294 (0)

1. Corporation Name  
RITE PROPERTY MANAGEMENT, INC.



Principal Place of Business  
3678 SW WHISPERING SND DR  
PALM CITY FL 34990  
US

Mailing Address  
3678 S.W. WHISPERING SOUND DRIVE  
PALM CITY FL 34990  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/20/1990

4. FEI Number

65-0213484

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 1611 S.W. Pineland Wy  
Suite, Apt. #, etc.

26 1611 S.W. Pineland Way  
Suite, Apt. #, etc.

22 Palm City, Fl

27 Palm City, Fl

23 34990

28 34990

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

RICE, MALCOLM B.  
3678 S.W. WHISPERING SOUND DRIVE  
PALM CITY FL 34990

10. Name and Address of New Registered Agent

81 Name

Rice, Malcolm B

82 Street Address (P.O. Box Number is Not Acceptable)

83 1611 S.W. Pineland Way

84 Palm City

FL

85 Zip Code

34990

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12-26-98

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DP  
RICE, MALCOLM B.  
3678 S.W. WHISPERING SOUND DR.  
PALM CITY FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DV  
RICE, LAURA D.  
3678 S.W. WHISPERING SOUND DR.  
PALM CITY FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

DP  
RICE, MALCOLM B  
1611 S.W. Pineland Way  
Palm City, Fl. 34990

☒ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

DV  
RICE, LAURA D  
1611 S.W. Pineland Way  
Palm City, Fl 34990

☒ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0490356

12-26-98 (561) 225-5337

CR2E034 (10/97)