


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

97 JUL 18 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | |
|--|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # L97520 (5)

1. Corporation Name
RITWAY ENGINEERING, INC.



| | |
|--|---|
| Principal Place of Business 708 SANTA MARIA DR P. O. BOX 837 WINTER HAVEN FL 33884 US | Mailing Address P O BOX 837 P. O. BOX 837 WINTER HAVEN FL 33882 US |
|--|---|

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 2. Principal Place of Business 21 150 OCEAN RIDGE DRIVE | 2a. Mailing Address 26 P.O. BOX 511207 |
| Suite, Apt. #, etc. 22 - | Suite, Apt. #, etc. 27 - |
| City & State 23 MELBOURNE BEACH, FL. | City & State 28 MELBOURNE BEACH, FL. |
| Zip 24 32951. | Country 25 USA. |
| Zip 29 32951-1207. | Country 30 USA. |

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|---|---|
| 3. Date Incorporated or Qualified 09/04/1990 | 3a. Date of Last Report 04/29/1996 |
| 4. FEI Number 59-3024942 | Applied For <input checked="" type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | |
|---|--|---|--|
| 9. Name and Address of Current Registered Agent KIRBY, JOSEPH 708 SANTA MARIA DR. WINTER HAVEN FL 33884 | | 10. Name and Address of New Registered Agent | |
| 81 Name JOSEPH KIRBY | | 82 Street Address (P.O. Box Number is Not Acceptable) 150 OCEAN RIDGE DRIVE | |
| 83 | | 84 City MELBOURNE BEACH, FL | |
| 85 Zip Code 32951. | | | |

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 signature required when resigning) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

| 12. OFFICERS AND DIRECTORS | |
|--|---------------------------------|
| TITLE PD | <input type="checkbox"/> DELETE |
| NAME KIRBY, JOSEPH | |
| STREET ADDRESS 708 SANTA MARIA DR. | |
| CITY-ST-ZIP WINTER HAVEN FL | |
| TITLE SD | <input type="checkbox"/> DELETE |
| NAME KIRBY, WENDY | |
| STREET ADDRESS 708 SANTA MARIA DR. | |
| CITY-ST-ZIP WINTER HAVEN FL | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|
| 1.1 TITLE PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME KIRBY, JOSEPH | |
| 1.3 STREET ADDRESS 150 OCEAN RIDGE DRIVE | |
| 1.4 CITY-ST-ZIP MELBOURNE BEACH, FL. 32951. | |
| 2.1 TITLE SD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME KIRBY, WENDY | |
| 2.3 STREET ADDRESS 150 OCEAN RIDGE DRIVE | |
| 2.4 CITY-ST-ZIP MELBOURNE BEACH, FL. 32951. | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE 900002245249 | <input type="checkbox"/> Addition |
| 4.2 NAME -07/23/97--01092--015 | |
| 4.3 STREET ADDRESS ****165.00 | |
| 4.4 CITY-ST-ZIP ****165.00 | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I do 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 (Handwritten)** 7/14/97. (407)-727-8421.

CR2E034 (4/97)