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Apr 04 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P11653 (3)

1. Corporation Name  
RICHARDSON INVESTMENT HOLDING COMPANY



Principal Place of Business

319 S.E. 4TH TERRACE  
CAPE CORAL FL 33990

Mailing Address

319 S.E. 4TH TERRACE  
CAPE CORAL FL 33990-1054

3. Date Incorporated or Qualified 10/02/1986	3a. Date of Last Report 05/07/1996
4. FEI Number NOT APPLICABLE	Applied For 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. P.O. Box 900
22. City & State	27. Suite, Apt. #, etc.
23. Zip	28. ESTER FL
24. Country	29. 33928
25. Country	30. LEE

9. Name and Address of Current Registered Agent

RICHARDSON, DEAN  
319 S.E. 4TH TERRACE  
CAPE CORAL FL 33990

10. Name and Address of New Registered Agent

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

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: *Dean Richardson* DATE: 3 Dec 97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDS	1.1 TITLE	PDS
NAME	RICHARDSON, DEAN	1.2 NAME	DEAN RICHARDSON
STREET ADDRESS	319 S.E. 4TH TERRACE	1.3 STREET ADDRESS	7888 BARTOLOMEU DR
CITY-ST-ZIP	CAPE CORAL FL 33990	1.4 CITY-ST-ZIP	N FT MYERS FL 33917
TITLE	VPT	2.1 TITLE	
NAME	RICHARDSON, HOLLY	2.2 NAME	
STREET ADDRESS	2525 WILLIAMS DR., #180	2.3 STREET ADDRESS	
CITY-ST-ZIP	BURNSVILLE MI	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Dean Richardson* DATE: 3 Dec 97

CR2E034 (9/96)