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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P38408

(1)

1. Corporation Name

RITNER'S, INCORPORATED



Principal Place of Business

Mailing Address

1046 EAST ATLANTIC AVE  
206  
DELRAY BEACH FL 33480  
US

1045 EAST ATLANTIC AVENUE  
206  
DELRAY BEACH FL 33483  
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

25 5586 N. OCEAN BLVD

22 City & State

27 City & State  
OCEAN RIDGE FL

23 Zip

Country

28 Zip

Country

24

25

29 33485

30

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FORTNER, LLOYD B.  
230 ROYAL PALM WAY, #413  
PALM BEACH FL 33480

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 607.1508, 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. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME  
DAY, ALANSON RITNER  
STREET ADDRESS  
5586 N. OCEAN BLVD.  
CITY-ST-ZIP  
OCEAN RIDGE FL

TITLE ☐ DELETE

NAME  
WHITEMORE, MARGARET M  
STREET ADDRESS  
5586 N. OCEAN BLVD.  
CITY-ST-ZIP  
OCEAN RIDGE FL

TITLE ☐ DELETE

NAME  
DAY, JOANNE R.  
STREET ADDRESS  
5586 N. OCEAN BLVD.  
CITY-ST-ZIP  
OCEAN RIDGE FL

TITLE ☐ DELETE

NAME  
DAY, STEPHEN R.  
STREET ADDRESS  
1610 OAKSPRING WAY  
CITY-ST-ZIP  
RESTON VA

TITLE ☐ DELETE

NAME  
STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5185 MEADOW CREEK DRIVE  
DUNWOODY GEORGIA 30338

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 or changed, or on an attachment with an address.

SIGNATURE:

Signature and typed or printed name of signing officer or director

ALANSON RITNER DAY 1/20/96

Date

Daytime Phone #

CR2E034 (12/95)