

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**

95 APR 27 AM 10: 10

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P39142

(5)

1. Corporation Name

B.L. RICE SOFTWARE, INC.

Principal Place of Business

**4134 GULF OF MEXICO DRIVE, SUITE 301
LONGBOAT KEY FL 34228**

Mailing Address

**4134 GULF OF MEXICO DRIVE, SUITE 301
LONGBOAT KEY FL 34228**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/05/1992

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0337747

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 has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21 2055 Wood Street

2a. Mailing Address

26 2055 Wood Street

Suite, Apt. #, etc.

22 Suite 204

Suite, Apt. #, etc.

27 Suite 204

City & State

23 Sarasota

City & State

28 Sarasota

Zip

24 34237

Country

25 USA

Zip

29 34237

Country

30 USA

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

01 Name

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

03

04 City

FL

05 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 of appointment)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PST**
NAME **RICE, BERNARD L**
STREET ADDRESS **4134 GULF OF MEXICO DR.**
CITY, ST, ZIP **LONGBOAT KEY FL**

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS **2055 Wood St., Ste 204**
14 CITY, ST, ZIP **Sarasota, FL 34237**

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP

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 if changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bernard L. Rice, President

Date

8/3/95-0992

(Initials) (Phone #)