FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

1990 P0000014600

RICHARDS QUALITY VEHICLES, INC.							
Principal Place of 902 S. ORAI APOPKA FL	NGE BLOSSOM TRAIL	Mailing Address 902 S. ORANGE BLO APOPKA FL 32703	SSOM TRAIL			11 00415 00586 11011 4 3010	01610 91 8 14 0011 2 0 01
					3. Date Incorporated or Qualified 12/18/1992	3a. Date of Last f 03/30/1	
2. Principal Plac	ce of Business	2a. Mailing Address		·····	4. FEI Number 59-3155091		Applied For
Suite, Apt. #	. etc	Suite, Apt. #, etc.				\$8.7	Not Applicable 5 Additional
22		27			5. Certificate of Status Desired		Required
City & State		City & State			6. Election Campaign Financing	\$5.0	00 May Be
23		28	т		Trust Fund Contribution		ed to Fees
Zγρ !4	Country 25	Ζιρ 29	Country 30	'	8. This corporation has liability for i	intangible tax under s No	s 199.032,
	9. Name and Address of Current		1301		10. Name and Address of New R		
			81	Name			
RAGUNT, RICHARD A			82	Street Add	iress (P.O. Box Number is Not Acceptab	le)	
	ORANGE BLOSSOM TRAIL						
APUPKI	A FL 32703		83				
			84	City		FL 85 Z	Zip Code
familiar with	i, and accept the obligations of, Section Appared to the companie of registered agent a OFFICERS AND	n 607.0505, Florida Statutes. ब सम्बद्धाः सम्बद्धाः सम्बद्धाः समित			and of directors. I hereby accept the appointment of the property of the appointment of the property of the pr	DATE	
TITLE	PD	DELETE	1. 1 TITLE	· · · · · · · · · · · · · · · · · · ·		☐ Change	
NAME	RAGUNT, RICHARD A		1.2 NAME				
STREET ADDRESS	902 S. ORANGE BLOSSOM	TRAIL	13STREFT	ADDRESS			
CITY - ST - ZIP	APOPKA FL 32703 SD	FIDELETE	1,4 CITY - S	IT ZIP		F7 05	
TITLE NAME	RAGUNT, KATHLEEN C	[] DEFLIE	DELFTE 2 1 TILE			Change	Addition
STREET ADDRESS	902 S. ORANGE BLOSSOM	TRAIL	2.2 NAME 2.3 STREET	ADDRESS			
CITY-ST-ZIP	APOPKA FL 32703		24 CHY 9				
TITLE	The second secon	□ DELETE	3 1 TITLE			☐ Change	Addition
NAME			3 2 NAME				
STREET ADDRESS			3.3 STREE	T ADDRESS			
CHTY - ST - ZiP			3 4 Cl*Y - S	7 - ZIP			
TITLE		□ DELETE	4 1 TITLE			Change	Addition
NAME STREET ADDRESS			4.2 NAME	ADDOCCC			
CITY+ST-ZIP			4.3 \$1RFFT				
TITLE		DELF TE	5 1 TI*LF			Charige	Addition
NAME		-	5.2 NAME				_
STREET ADDRESS			53 STREFT	ADDRESS			
CITY-ST-ZIP			5 4 CITY - S	T-Z:P		···	
TITLE		☐ DELETE	6 1 TIFLE			☐ Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6 3 STHEET				
City-St-ZiP 14. I do hereby	certify that the information supplied wi	th this filing is voluntarily furni	64 CITY - S shed and doe		for the exemption stated in Section 119.	07(3)(k), Florida Stati	utes. I further
certify that t oath; that I	the information indicated or this annua	I report or supplemental annuation in the receiver or trustee	ial report is tru empowered	ie and accura	ate and that my signature shall have the is report as required by Chapter 607, Flo	same legal effect as	if made under

SIGNATURE: 7

CHARLES OF PRINTED VAME OF SIGNING OFFICER OR DIRECTOR

4-5-96 40-880-7580