FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

NAME

STREET ADORESS

SIGNATURE:

CITY - ST - ZIP

1051 FIFTH AVENUE NORTH

NAPLES FL

Apr 20 1998 8:00am PROFIT CORPORATION FLORIDA DEPARTMENT OF STATE Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P93000015435 (9) RICKETTS ENTERPRISES INTERNATIONAL INC. Principal Place of Business Mailing Address 1051 FIFTH AVENUE NORTH 1051 FIFTH AVENUE NORTH NAPLES FL 33940 NAPLES FL 33940 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/23/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 13-2622429 21 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 8. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent RICKETTS, GARFIELD 1051 FIFTH AVENUE, NORTH 82 Street Address (P.O. Box Number is Not Acceptable) NAPLES FL 33940 83 84 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE RICKETTS, GARFIELD NAME 12 NAME 1051 FIFTH AVENUE NORTH 1.3 STREET ADDRESS STREET ADDRESS NAPLES FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change ☐ Addition TITLE 2.1 TITLE RICKETTS, UNA 2.2 NAME NAME STREET ADDRESS 1051 FIFTH AVENUE NORTH 2.3 STREET ADDRESS naples fl CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Addition 3.1 TITLE MCCASLIN-DAN NAME 3.2 NAME KAREN N. RICKETTS 1051-PIFTH AVENUE NORTH STREET ADDRESS 3.3 STREET ADDRESS 13 TERRACE CIRCL'E NAPLES PL CITY-ST-ZIP 3.4. CITY-ST-ZIP GREAT NECK NY 11021 DELETE Addition Change TITLE 4.1 TITLE NAME RICKETTS, GARFIELD 4. 2 NAME STREET ADDRESS 1051 FIFTH AVENUE NORTH 4.3 STREET ADDRESS naples fl CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition TITLE 5.1 TITLE NAME RICKETTS, UNA 5.2 NAME STREET ADDRESS 1051 FIFTH AVENUE NORTH **53 STREET ADDRESS** <u>Naples</u> fl 54 CiTY-ST-ZIP CITY-ST-ZIP DELETE 61 THUE Addition TITLE MCCASLIN, DAN

6.2 NAME

14. I hereby certify that the information supplied with this filing doos 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 application with an address.

(Carrical College 1)

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

KAREN N RICKETTS

13 TERRACE CIRCLE GT,

NECK NY

FILED