

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000028824

1. Corporation Name
RIO MAR, INC.

Principal Place of Business
~~601 OCEANSHORE BLVD.~~
ORMOND BEACH FL 32176

Mailing Address
~~27 VILLAGE DR~~
ORMOND BEACH FL 32174
US

FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90014 030 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/19/1993

4. FEI Number

Applied For

59-3219294

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

EHRINGER, GERALD L
~~601 OCEANSHORE BLVD.~~
ORMOND BEACH FL 32176

10. Name and Address of New Registered Agent

81 Name SAME

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

1182 OCEANSHORE BLVD

83

84 City

ORMOND BEACH

FL

85 Zip Code

32176

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

TITLE DP ☐ DELETE
NAME EHRINGER, GERALD L
STREET ADDRESS ~~601 OCEANSHORE BLVD.~~
CITY-ST-ZIP ORMOND BEACH FL 32176

TITLE D ☐ DELETE
NAME DANYLUK, BRADLEY
STREET ADDRESS ~~2409 NE 27TH TERR.~~
CITY-ST-ZIP FT. LAUDERDALE FL 33305

TITLE D ☒ DELETE
NAME LEDBETTER, JOHN
STREET ADDRESS 20 ROLLINS DUNES, THE HAMMOCK
CITY-ST-ZIP PALM COAST FL 32137

TITLE ST ☒ DELETE
NAME EHRINGER, BEATRIZ
STREET ADDRESS 601 OCEANSHORE BLVD.
CITY-ST-ZIP ORMOND BEACH FL 32176

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ADDRESS CHANGE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 1182 OCEANSHORE BLVD
1.4 CITY-ST-ZIP

2.1 TITLE ADDRESS CHANGE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 2301 MIDDLE RIVER DR
2.4 CITY-ST-ZIP FT. LAUDERDALE FL 33305

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/99

Date

904 441 0600

Daytime Phone #

CR2E034 (1/1998)