FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -6 AM 10: 14

DOCUMENT # **P93000031806 (1)**

1. Corporation Name

RANNICK ENTERPRISES, INC.

Principal Place of Business	Mailing Address
711 W ELKCAN CIR 122 MARCO ISLAND FL 33937 US	P. O. BOX 8086 NAPLES FL 33941-8086

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/30/1993	3a. Date of Last Report: 03/29/1994
4. FEI Number: 65-0410802	☐ 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
21 210 PALMETTO DUNES CIR.
22 Suite, Apt. #, etc.
23 City & State: NAPLES, FLORIDA
24 Zip: 33962
25 Country: COLLIER

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

9. Name and Address of Current Registered Agent

SCHIMMENTI, RANDOLPH
711 WEST ELKCAM CIRCLE
#122
MARCO ISLAND FL 33937

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 210 PALMETTO DUNES CIR
83
84 City: NAPLES FL 85 Zip Code: 33962

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 _____ DATE
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		
TITLE	D	1.1 TITLE		☒ Change ☐ Addition
NAME	SCHIMMENTI, RANDOLPH	1.2 NAME		
STREET ADDRESS	711 W ELKCAM CR #122	1.3 STREET ADDRESS	210 PALMETTO DUNES CIR	
CITY-ST-ZIP	MARCO ISLAND FL	1.4 CITY-ST-ZIP	NAPLES FLORIDA 33962	
TITLE	VPSC	2.1 TITLE		☒ Change ☐ Addition
NAME	SCHIMMENTI, DOMINICK	2.2 NAME		
STREET ADDRESS	1997 ROOKERY BAY DR #904	2.3 STREET ADDRESS	2391 River Reach Dr.	
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	NAPLES, FLORIDA 33942	
TITLE	S	3.1 TITLE		☒ Change ☐ Addition
NAME	SCHIMMENTI, AUGUSTA	3.2 NAME		
STREET ADDRESS	711 WELKCAM CR #122	3.3 STREET ADDRESS	210 PALMETTO DUNES CIR.	
CITY-ST-ZIP	MARCO ISLAND FL	3.4 CITY-ST-ZIP	NAPLES FLORIDA 33962	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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 addition.

SIGNATURE: Randolph Schimmenti / RANDOLPH SCHIMMENTI 813. 793-4400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #