

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Linda H. McPherson
Secretary of State
Division of Corporations

DOCUMENT # P93000059348 (1)

1. Corporation Name

RON RIESS CONSTRUCTION, INC.

Principal Place of Business

**2499 GLADES RD.
SUITE 313
BOCA RATON FL 33431**

Mailing Address

**2499 GLADES RD.
SUITE 313
BOCA RATON FL 33431**

**APPROVED
AND
FILED**

9 MAY - 1 11 04:42

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Registered or Qualified		3a. Date of Last Report	
21		26		08/24/1993		08/25/1994	
22. State, Apt. #, etc.		27. State, Apt. #, etc.		4. FFL Number		Applied For	
23. City & State		28. City & State		65-0432150		Not Applicable	
24. Zip		29. Zip		5. Certificate of Status Desired		8.75 Additional Fee Required	
25. County		30. County		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
				7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		Yes No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHAFFER, ROGER L
2499 GLADES RD.
SUITE 313
BOCA RATON FL 33431**

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

11. Pursuant to the provisions of Sections 607.011 and 607.1501, 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 607.011, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
OFFICER	D RIESS, RONALD 631 S.W. 17TH COURT BOCA RATON FL 33486	1. NAME	☐ Change ☐ Addition
NAME		2. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY, ST, ZIP		4. CITY, ST, ZIP	
OFFICER	D RIESS, DANIELLE 631 S.W. 17TH COURT BOCA RATON FL 33486	5. NAME	☐ Change ☐ Addition
NAME		6. NAME	
STREET ADDRESS		7. STREET ADDRESS	
CITY, ST, ZIP		8. CITY, ST, ZIP	
OFFICER		9. NAME	☐ Change ☐ Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY, ST, ZIP		12. CITY, ST, ZIP	
OFFICER		13. NAME	☐ Change ☐ Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY, ST, ZIP		16. CITY, ST, ZIP	
OFFICER		17. NAME	☐ Change ☐ Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY, ST, ZIP		20. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.02(1)(b), Florida Statutes. Further, I certify that the information published 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 record or books maintained by or under the control of the corporation, and that my name appears in Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE: *Ronald Eduardo Riess* **4-28-95** **407-362-8784**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR