FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

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****225.00 ****225.00

DOCUMENT # P94000009885 (2)

1. Corporation Name
RICHLYN PROPERTIES OF ST. PETERSBURG INC.

Principal Place of Business
795 42ND AVE S
ST. PETE FL 33705

Mailing Address
795 42ND AVE S
ST. PETE FL 33705

3. Date Incorporated or Qualified: 01/31/1994
3a. Date of Last Report: 09/21/1995

4. FEI Number: 59-3228023 ☐ 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 4940 Camellia Way South
22 Suite, Apt. #, etc.
23 City & State: St. Petersburg Florida
24 Zip: 33705
25 Country: Pinellas

2a. Mailing Address
26 4940 Camellia Way S.
27 Suite, Apt. #, etc.
28 City & State: St. Petersburg Florida
29 Zip: 33705
30 Country: Pinellas

9. **Name and Address of Current Registered Agent**

VLAMING, LYNN
795 42ND AVE S
ST. PETE FL 33705

10. **Name and Address of New Registered Agent**

81 Name: Vlaming, Lynn
82 Street Address (P.O. Box Number is Not Acceptable): 4940 Camellia Way South
83
84 City: St. Petersburg FL 85 Zip Code: 33705

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: Richard Vlaming Secr. Tr. — Date: 9/2/96
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS

TITLE	D	☒ DELETE
NAME	VLAMING, LYNN	
STREET ADDRESS	795 42ND AVE S	
CITY-ST-ZIP	ST. PETE FL 33705	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	D	☒ Change ☐ Addition
1.2 NAME	Vlaming, Lynn	
1.3 STREET ADDRESS	4940 Camellia Way South	
1.4 CITY-ST-ZIP	St. Petersburg Florida 33705	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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		
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

9/20/96

CR2E034 (12/95)

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 address.

SIGNATURE: Lynn Vlaming — 2/9/96 — 867-8593
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #