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

APPROVED AND FILED

95 FEB 14 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000027767 (0)**

1. Corporation Name

RIO GRANDE, INC.

Principal Place of Business	Mailing Address
~~499 N. SR 434, #2165~~ ~~ALTAMONTE SPRINGS FL 32714~~ 1731 W. OAKRIDGE RD ORLANDO, FL. 32809	~~499 N. SR 434, #2165~~ ~~ALTAMONTE SPRINGS FL 32714~~

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified: 04/06/1994	3a. Date of Last Report: FIRST ONE.
21 1731 W. OAKRIDGE RD	26 PO BOX 160789	4. FEI Number: 59-3250870	☐ Applied For ☐ Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
23 City & State: ORLANDO, FL	28 City & State: ALTAMONTE SPRINGS, FL	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
24 Zip: 32809 25 Country: USA	29 Zip: 32716-0789 30 Country: USA	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

CHIODI, ALBERT M JR.
499 N. SR. 434, #2165
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

81 Name: CHIODI ALBERT M. JR.
82 Street Address (P.O. Box Number is Not Acceptable): 1655 E. SEMORAN BLVD STE #2
83
84 City: APOPKA FL 85 Zip Code: 32703

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] DATE: 2/5/95
Signature of new registered agent and the date of acceptance. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	1.1 TITLE	☐ Change ☐ Addition
NAME	ARTHUR E. GRINDLE,	1.2 NAME	
STREET ADDRESS	1655 E. SEMORAN BLVD, STE 31	1.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA, FL 32703	1.4 CITY-ST-ZIP	
TITLE	SECRETARY/TREASURER	2.1 TITLE	☐ Change ☐ Addition
NAME	ALBERT M. CHIODI, JR	2.2 NAME	
STREET ADDRESS	1655 E. SEMORAN BLVD STE 2	2.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA, FL 32703	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
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)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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, added or deleted.

SIGNATURE: [signature] 2/1/95 401-886-7113
SIGNATURE AND TYPED OR PRINTED NAME OF FLORIDA OFFICER OR DIRECTOR — Date — Daytime Phone #

0038763 CP