

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

CORPORATION,
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
32399-0001
Telephone: (904) 493-0001

DOCUMENT # **P94000032183 (3)**

1. Corporation Name

JAMES RICHARDSON, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 11:27

2. Principal Place of Business

**2080 W US 90
LAKE CITY FL 32055**

3. Mailing Address

**P O BOX 1476
LAKE CITY FL 32056**

(DO NOT WRITE IN THIS SPACE)

3. Date of Report (if required)

3a. Date of Last Report

04/28/1994

4. Fil Number

59-3237883

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 199 D.C.
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COLE, RONALD H
10 N COLUMBIA ST
LAKE CITY FL 32055**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.04(2) and 607.1506, 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 607.04(2), Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Registered Agent's Representative)

(Signature of Registered Agent or Registered Agent's Representative)

(Date)

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME	D RICHARDSON, JAMES A JR
STREET ADDRESS	2080 W US 90
CITY, STATE, ZIP	LAKE CITY FL 32055
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	

1. NAME	☐ Change ☐ Addition
2. STREET ADDRESS	
3. CITY, STATE, ZIP	☐ Change ☐ Addition
4. NAME	
5. STREET ADDRESS	
6. CITY, STATE, ZIP	☐ Change ☐ Addition
7. NAME	
8. STREET ADDRESS	
9. CITY, STATE, ZIP	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, STATE, ZIP	☐ Change ☐ Addition
13. NAME	
14. STREET ADDRESS	
15. CITY, STATE, ZIP	☐ Change ☐ Addition
16. NAME	
17. STREET ADDRESS	
18. CITY, STATE, ZIP	☐ Change ☐ Addition
19. NAME	
20. STREET ADDRESS	
21. CITY, STATE, ZIP	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not equal, for the corporation, the information required by Sections 607.04(2) and 607.1506, Florida Statutes. I further certify that the information shall not be used for any other purpose, and I agree that the corporation shall have the right to request the removal of the information from the public records. I agree to pay the fee of \$2.00 for each change of Block 12 of Block 13 of this report, or any other information with additions.

SIGNATURE:

J. James Richardson, Jr

(Signature and Typed Name of Signing Officer or Director)

4/28/95 752 2794