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 MAY -1 PM 2:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000045744 (7)**

1. Corporate Name
R.J. RIED, INC.

Principal Place of Business	Mailing Address
3525 RIVIERA DR SARASOTA FL 34232	3525 RIVIERA DR. SARASOTA FL 34232

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/15/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 4131 Center Point Circle	26 4131 Center Point Circle
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Sarasota, Florida	28 City & State: Sarasota, Florida
24 Zip: 34233 · 25 County: Sarasota	29 Zip: 34233 · 30 County: Sarasota

4. FEI Number: 65-0475620 ☐ 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

9. Name and Address of Current Registered Agent

AMERMAN, CARL E
1124 S. CYPRESS POINT DR.
SARASOTA FL 34293

10. Name and Address of New Registered Agent

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 607.0502 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 Carl E. Amerman [signature] 4-29-95
TYPED OR PRINTED NAME OF REGISTERED AGENT · REGISTERED AGENT SIGNATURE · DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	1.1 TITLE	DPT ☑ Change ☐ Addition
NAME	RIED, ROBERT J	1.2 NAME	Ried, Robert J.
STREET ADDRESS	3525 RIVIERA DR.	1.3 STREET ADDRESS	4131 Center Point Circle
CITY-ST-ZIP	SARASOTA FL 34232	1.4 CITY-ST-ZIP	Sarasota, Florida 34233
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: x Robert J. Ried x [signature] 4-29-95 813-377-5340
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR · Date · Daytime Phone #

0349201 CP