FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$5 .00 **PROFIT** Apr 21 1998 8:00am FLORIDA DEPARTMENT STATE **CORPORATION** Sandra B. Morth **ANNUAL REPORT** Secretary of Stat Secretary of State DIVISION OF CORPOR 1998 IONS P94000050014 DOCUMENT # RICHARDSON CORPORATION Principal Place of Business Mailing Address 1736 SW BILTMORE 1736 SW BILTMORE PT ST LUCIE FL 34984 PT ST LUCIE FL 34984 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/06/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0503556 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 ☐ Yes 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 RICHARDSON, JOHN T Name 2701 NE 53 CT 82 Street Address (P.O. Box Number is Not Acceptable) LIGHTHOUSE POINT FL 33064 83 84 City 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. President SIGNATURE 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETÉ Change Addition TITLE 11 TITLE RICHARDSON, JOHN T. NAME 1.2 NAME 1736 S.W. Biltmore St. Port St. Lucie, Fl. 34984 2701 NE 53 CT STREET ADDRESS 13 STREET ADDRESS LIGHTHOUSE POINT FL CITY-ST-ZIP 1.4 CITY - ST- ZIP DELETE TITLE 21 TITLE Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETÉ Change TITLE 4.1 DILE ■ Addition NAME 4 2 NAME STREET ADDRESS 4.9 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change ■ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

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