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 MAR 31 AM 7:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000070735 (3)**

1. Corporation Name

RETAIL INVESTMENT CORP. INC.

Principal Place of Business	Mailing Address
C/O 215 S. OLIVE AVENUE WEST PALM BEACH FL 33401-5686	C/O 215 S. OLIVE AVENUE WEST PALM BEACH FL 33401-5686

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/26/1994
3a. Date of Last Report:

2. Principal Place of Business
21:
Suite, Apt. #, etc.
22:
City & State
23:
Zip 24: Country 25:

2a. Mailing Address
26:
Suite, Apt. #, etc.
27:
City & State
28:
Zip 29: Country 30:

4. FEI Number: 65-0530024 ☐ 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

CORPORATION INFORMATION SERVICES, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

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 familar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	DAVIS, LOUIS O JR.	12 NAME	
STREET ADDRESS	127 THORNTON DRIVE	13 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	14 CITY ST ZIP	
TITLE	D	21 TITLE	XX Change ☐ Addition
NAME	GROTON, RITA K	22 NAME	P/D GROTON, RITA K
STREET ADDRESS	7894 BLAIRWOOD CIR. SOUTH	23 STREET ADDRESS	7894 BLAIRWOOD CIR. SOUTH
CITY-ST-ZIP	LAKE WORTH FL 33467-1808	24 CITY ST ZIP	LAKE WORTH, FL 33467-1808
TITLE	D	31 TITLE	XX Change ☐ Addition
NAME	RUDY, JOHN	32 NAME	V/D RUDY, JOHN
STREET ADDRESS	1975 PARKSIDE CIR. SOUTH	33 STREET ADDRESS	1975 PARKSIDE CIR. SOUTH
CITY-ST-ZIP	LAKE WORTH FL 33467-1808	34 CITY ST ZIP	LAKE WORTH FL 33467-1808
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	GUEMPLE, R. RANDY	42 NAME	
STREET ADDRESS	1559 GRANTHAM DRIVE	43 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33414	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change XX Addition
NAME		52 NAME	S TRAMMEL, JOHN C
STREET ADDRESS		53 STREET ADDRESS	9404 LONGMEADOW CIR.
CITY-ST-ZIP		54 CITY ST ZIP	BOYNTON BEACH FL 33436
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 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: John C. Trammel JOHN C. TRAMMEL - SECRETARY 1/31/95 407/650-2355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0438100 FP