FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P95000004235**1. Corporation Name

RICARD ENTERPRISES, INC.

Principal Place of Business

Mailing Address

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90253 038 ***150.00



GAINESVILLE FL 32608		GAINESVILLE FL 32608		DO MOTIMOTE IN THE CRACE				
				DO NOT WRITE IN THIS SPACE	_			
				3. Date Incorporated or Qualifed				
0 0-11(-0)	of Business	2n Mailing Address		01/01/1995 4. FEI Number Applied For	\dashv			
2. Principal Pl	ace of Business Avenue	2a. Mailing Address 26 2524150	19 Avenu		, -			
Suite, Apt.	1 3.00.	Suite, Apt. #, etc.		\$8.75 Additional	7 .			
22		27		5. Certificate of Status Desired Fee Required	_			
23	belly, FL	28 Newberry	, FL	6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees	_			
24 326	Country Leg [25] U.S.A	29 3 2669 30	Country	8. This corporation owes the current year Intangible Personal Property Tax. Yes No				
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent	4			
	PICAPD DONALDS							
	RD, DONALD S		Address (P.O. Box Number is Not Aggeptable)	7				
	SW 67TH TER ESVILLE FL 32608		DAGI SW 14 AVEILL	\dashv				
GAIN	ESVILLE PL 32000		83					
			84 City	Vewberry FL 85 Zb Code 1)			
11 Purement	to the provisions of Sections 607 0502	and 607.1508, Florida Statutes	the above-named of	corporation submits his statement for the number of changing its registered	4			
office or re	11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits his 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, typed or printed name of registered agent a	and title if applicable. (NOTE: Re	gistered Agent signature re		_ 6			
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	<u> </u>			
TITLE	D	☐ DELETE	1.1 TITLE	Ricard, Donald S.	" 3			
NAME	RICARD, DONALD S		12 NAME		8			
STREET ADDRESS	4609 SW 67TH TER		1.3 STREET ADDRESS	25241 SW 19 AVENUE	ļ			
CITY-ST-ZIP	GAINESVILLE FL 32608	☐ DELETE	1.4 CITY-ST-ZIP	Newberry, Fl 32669 Change Addition	<u>-</u> - {			
TITLE	DICARD MARY I	☐ DETE1€	2.1 TITLE 2.2 NAME	_ ,	}			
NAME	RICARD, MARY J 4609 SW 67TH TER		2.2 NAME 2.3 STREET ADDRESS	Ricard, Mary J. 2524! Sw HAVENUE.	.			
STREET ADDRESS	GAINESVILLE FL 32608		2.4 CITY-ST-ZIP	NO. 3600 F 32669				
CITY-ST-ZIP	CAMPLO VILLE 1 L 32000	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition	пс			
NAME			32 NAME		-			
STREET ADDRESS			3.3 STREET ADDRESS					
CITY-ST-ZIP			3.4, CITY-ST-ZIP		\perp			
TITLE		☐ DELETE	4.1 TITLE	Change Addition	nc			
NAME			4, 2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS	•				
CITY-ST-ZIP			4.4 CITY-ST-ZIP					
TITLE		☐ DELETE	5.1 TITLE	Change Addition)n			
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET ADDRESS 5.4 CITY-ST-ZIP					
CITY-ST-ZIP		☐ DELETE	6.1 TITLE	☐ Change ☐ Additi	on			
			62 NAME					
NAME STREET ADDRESS			6.3 STREET ADDRESS	5 (45 M) 1				
CITY-ST-ZIP			6.4 CITY-ST-ZIP					
UIII-31-4F I			_		_			

CITY-ST-ZIP 14. I hereby 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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.