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

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000059897 (5)

RICH AVENUE EXCHANGERS, INC.

								]				
Principal Place of Business Mailing Address							, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
109 W. RICH AVENUE				109 W. RICH AVENUE								
DELAND FL 32720			DE	DELAND FL 32720				DO NOT WRITE IN THIS SPACE				
							3 Date Inco	proprated or Qualifie		TAGE		
2. Principal Place of Business 2a. Mailing Address							06/03/ 4. FEI Numb				oplied For	
			⊢ i								ot Applicable	
Suite, Apt. #, etc.			26	Suite, Apt. #, etc.			59-33	129759			Additional	
			<b>├</b> -				5. Certificate	of Status Desired		<b>+</b>	equired	
City & State			27	City & State						<del></del>		
<i>'</i>			—	<b>⊢</b> ¬ '			I	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip	<del></del>	Country	28	Zip	Count	F)/						
<u> </u>	-	~ <b>n</b>	<b>├</b>	Σίβ	<del></del>	ıy	1	oration owes or has			tangible DNo	
24	2 Nama e		29	red Agent	30			Property Tax due Je d Address of New		<u> </u>	<u> </u>	
9. Name and Address of Current Registered Agent						1 Name		<u> </u>	TTO BIOLOTOG P			
WHALEN, G. DONALD						1	Whalen, G.	Donald				
250 NORTH CRANOR AVE.						2 Street	Address (P.O. Box Number is Not Acceptable) 150 N. Cranor Avenue					
DELAND FL 32720							150 M. Crai	nor Avenue				
					8	3						
					8	4 City				85 Zin	2720	
							DeLand		<u>FL</u>			
11. Pursuant	to the provision	ns of Sections 607.	0502 and 60	7.1508, Florida Statut	tes, the abo	ve-named	corporation submits	this statement for th	ne purpose of	changing i	ts registered	
agent la	egistered ager m f <b>a</b> miliar with,	it, or both, in the Si , and accept the of	ate of Florida digations of,	section 607.05 <b>05, F</b> l	authorized Iorida Statut	es.	poration's board of di	rectors, i nereby ac	cept the appo	munent as	registered	
SIGNATURE		•										
SIGNATURE	Signature, typed or	profed name of registered	dagent and little if	applicable. (NOT	TE: Registered A	gent signature	a required when reinstating)		DATE			
12. OFFICERS AND DIRECTORS								S/CHANGES TO OF	FICERS AND			
TITLE	PSTD			DELETE	1.1 TITU		PSTD			☐ Change	Addition	
NAME	WHALEN, G. DONALD					E	Whalen, G.	Donald			·	
STREET ADDRESS 250 NORTH CRANOR AVE.					1.3 STRE	ET ADDRESS	150 N. Crai	nor Avenue				
CITY-ST-ZIP	DELAND FL 32720				1.4 CITY	- ST- ZIP	DeLand, Flo	orida 3272	20			
TITLE				☐ DELETE	2.1 TITLE					Change	Addition	
NAME	NAME				2.2 NAM	E						
STREET ADDRESS					- ET ADDRESS							
City-St-zip					2. 4 CITY - ST - ZIP							
TITLE				DELETÉ	3.1 T(TL)		<del></del>			Change	Addition	
NAME					3.2 NAM							

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 trusted or powered 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 appears.

3.3 STREET ADDRESS 3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

**5.3 STREET ADDRESS** 

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

DELETE

DELETE

1 3:11-58

Change

Change

Change

Addition

Addition

Addition

**FILED** 

Mar 17 1998 8:00am

Secretary of State