

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P95000065096 (6)**

1. Corporation Name

RICAD ENTERPRISES, INC.

Principal Place of Business

**6059 43RD TER. N.
ST. PETERSBURG FL 33709**

Mailing Address

**6059 43RD TER. N.
ST. PETERSBURG FL 33709**



2. Principal Place of Business

21 Suite, Apt. #, etc. 26 2a. Mailing Address

22 City & State 27 Suite, Apt. #, etc.

23 Zip 28 City & State

24 Country 25 Zip 29 Country 30

9. Name and Address of Current Registered Agent

**CHLIEK, RUTH F
6059 43RD TER. N.
ST. PETERSBURG FL 33709**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

3. Date Incorporated or Qualified
08/21/1995

3a. Date of Last Report

4. FEI Number

59-3350110

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

10. Name and Address of New Registered Agent

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 **Ruth F. Chliek**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4-18-96

12. OFFICERS AND DIRECTORS

TITLE **President - Director** ☐ DELETE
NAME **Richard J. Wilson**
STREET ADDRESS **6059 43rd. Terrace North**
CITY-ST-ZIP **St. Petersburg, Florida 33709**

TITLE **Secretary-Treasurer - Director** ☐ DELETE
NAME **Ruth F. Chliek**
STREET ADDRESS **6059 43rd. Terrace North**
CITY-ST-ZIP **St. Petersburg, Florida 33709**

TITLE **Vice President - Operations - Director** ☐ DELETE
NAME **Adam S. Wilson**
STREET ADDRESS **6059 43rd. Terrace North**
CITY-ST-ZIP **St. Petersburg, Florida 33709**

TITLE **Vice President - Finance - Director** ☐ DELETE
NAME **Malcom Cheek**
STREET ADDRESS **P.O. Box 599**
CITY-ST-ZIP **Estill, S.C. 29918-0599**

TITLE **Director** ☐ DELETE
NAME **Frank B. Wilson**
STREET ADDRESS **1034 W. Sherwood Dr.**
CITY-ST-ZIP **Sumter, S.C. 29153**

TITLE **Director** ☐ DELETE
NAME **L.R. Wilson**
STREET ADDRESS **6950 Manifree Ct.**
CITY-ST-ZIP **New Port Richey, Florida 34653-2725**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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: **Richard J. Wilson**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-96

Date

AC 813 541-1721

Daytime Phone #

CRZE034 (12/95)