

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

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90106 048 ***150.00

0101990

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000065767

1. Corporation Name
RIDDICK INCORPORATED



Principal Place of Business
**8250 CHELSWORTH DR.
ORLANDO FL 32835
US**

Mailing Address
**8250 CHELSWORTH DR.
ORLANDO FL 32835
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/01/1995

4. FEI Number

59-3334965

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 **P.O. Box 680817**

Suite, Apt. #, etc.

22 **Orlando Fla**

City & State

23 **32868 USA**

Zip

Country

2a. Mailing Address

26 **P.O. Box 680817**

Suite, Apt. #, etc.

27 **Orlando FL**

City & State

28 **32868 USA**

Zip

Country

9. Name and Address of Current Registered Agent

**RIDDICK, MILTON
8250 CHELSWORTH DRIVE
ORLANDO FL 32835**

10. Name and Address of New Registered Agent

81 Name

Riddick, Milton

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

458 LAKE Bridge Lane - 721

83

Apopka FL

84 City

FL

85 Zip Code

32703

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **RIDDICK, MILTON**
STREET ADDRESS **8250 CHELSWORTH DR**
CITY-ST-ZIP **ORLANDO FL**

TITLE **S** ☐ DELETE

NAME **RIDDICK, BEVERLY M**
STREET ADDRESS **8250 CHELSWORTH DR.**
CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME **Riddick, Milton**
1.3 STREET ADDRESS **458 LAKE BRIDGE Lane - 721**
1.4 CITY-ST-ZIP **Apopka FL 32703**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME **Riddick Beverly M.**
2.3 STREET ADDRESS **458 LAKE BRIDGE Lane - 721**
2.4 CITY-ST-ZIP **Apopka FL 32703**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 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.

SIGNATURE:

Beverly M. Riddick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

(407) 464-9482