

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

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Jan 16 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000074804 (2)

1. Corporation Name  
RITCHOTTE, INC.



Principal Place of Business  
11210 MONUMENT LANDING BLVD.  
JACKSONVILLE FL 32225

Mailing Address  
11210 MONUMENT LANDING BLVD.  
JACKSONVILLE FL 32225-5547

3. Date Incorporated or Qualified 09/27/1995  
3a. Date of Last Report 04/18/1996

2. Principal Place of Business  
21 13413 Foxhaven Dr. S.  
Suite, Apt. #, etc.

2a. Mailing Address  
26 13413 Foxhaven Dr. S.  
Suite, Apt. #, etc.

4. FEI Number 59-3341548  
Applied For  
Not Applicable

22 City & State  
23 Jacksonville FL  
Zip 32224 Country US

27 City & State  
28 Jacksonville FL  
Zip 32224 Country US

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

24 32224 25 US

29 32224 30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHNEIDER, MICHAEL N  
4215 SOUTHPOINT BLVD.  
SUITE 100  
JACKSONVILLE FL 32216

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

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	RITCHOTTE, DOUGLAS R	
STREET ADDRESS	11210 MONUMENT LANDING BLVD.	
CITY - ST - ZIP	JACKSONVILLE FL 32225	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	RITCHOTTE, TINA E	
STREET ADDRESS	11210 MONUMENT LANDING BLVD.	
CITY - ST - ZIP	JACKSONVILLE FL 32225	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	13413 Foxhaven Dr S
1.4 CITY - ST - ZIP	Jacksonville, FL 32224
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	13413 Foxhaven Dr S
2.4 CITY - ST - ZIP	Jacksonville FL 32224
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE:

*Tina Ritchotte* Tina Ritchotte V.P. 1/7/96 8718

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Diagonal Phone #

CR2E034 (9/96)