

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000096389 (8)**

1. Corporation Name

OUTRIDER INVESTMENTS, INC.



Principal Place of Business

**254 VAN BUREN AVENUE
LAKE MARY FL 32746**

Mailing Address

**254 VAN BUREN AVENUE
LAKE MARY FL 32746**

3. Date Incorporated or Qualified
12/18/1995

3a. Date of Last Report

2. Principal Place of Business

21 433 N Mills Ave
Suite, Apt. #, etc.

2a. Mailing Address

26 433 N Mills Ave
Suite, Apt. #, etc.

4. FEI Number

59-3349766

Applied For
Not Applicable

22
City & State

23 Orlando FL

27
City & State

28 Orlando FL

24
Zip

24 32803

Country

25 U S A

27
Zip

29 32803

Country

30 U S A

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

9. Name and Address of Current Registered Agent

**GREENE, LANNY L
254 VAN BUREN AVENUE
LAKE MARY FL 32746**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
433 N Mills Ave

83

84 City
Orlando

FL

85 Zip Code
32803

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

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

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **GREENE, LANNY L**
STREET ADDRESS **254 VAN BUREN AVENUE**
CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE **D** ☒ DELETE
NAME **GREENE, CHASE M**
STREET ADDRESS **254 VAN BUREN AVENUE**
CITY-ST-ZIP **LAKE MARY FL 32746**

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

1.1 TITLE **D/P** ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS **433 N Mills Ave**

1.4 CITY-ST-ZIP **Orlando FL 32803**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lanny L Greene, Director

4/29/96

CR2E034 (12/95)