

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

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FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90154 046 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000009801

1. Corporation Name
RICHARD OUTDOORS, INC.



Principal Place of Business 1122 HALLAMWOOD TRIAL SOUTH LAKELAND FL 33813	Mailing Address 1122 HALLAMWOOD TRIAL SOUTH LAKELAND FL 33813
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified 01/26/1996	
21	26	4. FEI Number 59-3357771		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DELANEY, RICHARD 1122 HALLAMWOOD TRIAL SOUTH LAKELAND FL 33813				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1: TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELANEY, RICHARD	2: NAME	
STREET ADDRESS	1122 HALLAMWOOD TRIAL SOUTH	3: STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33813	4: CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	21: TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELANEY, KEVIN P	22: NAME	
STREET ADDRESS	1122 HALLAMWOOD TRIAL SOUTH	23: STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33813	24: CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	31: TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32: NAME	
STREET ADDRESS		33: STREET ADDRESS	
CITY-ST-ZIP		34: CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41: TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42: NAME	
STREET ADDRESS		43: STREET ADDRESS	
CITY-ST-ZIP		44: CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51: TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52: NAME	
STREET ADDRESS		53: STREET ADDRESS	
CITY-ST-ZIP		54: CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61: TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62: NAME	
STREET ADDRESS		63: STREET ADDRESS	
CITY-ST-ZIP		64: 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: Kevin P. Delaney **KEVIN P. DELANEY** 3/17/99 941-644-4080
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE034 (1/98)