

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P96000036852

1. Corporation Name

RIOS COMPANY INC. OF OKEECHOBEE

Principal Place of Business

301 N PARROTT AVE  
OKEECHOBEE FL 34972

Mailing Address

P O BOX 3191  
OKEECHOBEE FL 34973

FILED  
Apr 13, 1999 8:00 am  
Secretary of State

04-13-1999 90062 035 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/29/1996

4. FEI Number 65-0841560

Applied For

~~NOT APPLICABLE~~

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

\$5.00, May Be

Trust Fund Contribution

Added to Fees

8. This corporation owes the current year intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 1006 NW PARK ST

26 3671 NW 15TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State OKEECHOBEE FL

27 City & State OKEECHOBEE FL

23 Zip 34972 Country OKEECHOBEE

28 Zip 34972 Country OKEECHOBEE

24 34972 25 OKEECHOBEE

29 34972 30 OKEECHOBEE

9. Name and Address of Current Registered Agent

TYLER, JAMES N  
301 N PARROTT AVE  
OKEECHOBEE FL 34972

10. Name and Address of New Registered Agent

81 Name FLORINDA RIOS  
82 Street Address (P.O. Box Number is Not Acceptable) 3671 NW 15TH AVE  
83  
84 City OKEECHOBEE FL 85 Zip Code 34972

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 *Florinda Rios*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/6/99

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE  
NAME TYLER, JAMES N  
STREET ADDRESS 301 N PARROTT AVE  
CITY-ST-ZIP OKEECHOBEE FL 34972

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☐ Change ☒ Addition  
1.2 NAME CORNELIO RIOS  
1.3 STREET ADDRESS 3671 NW 15TH AVE  
1.4 CITY-ST-ZIP OKEECHOBEE FL 34972

2.1 TITLE VP ☐ Change ☒ Addition  
2.2 NAME FLORINDA RIOS  
2.3 STREET ADDRESS 3671 NW 15TH AVE  
2.4 CITY-ST-ZIP OKEECHOBEE FL 34972

3.1 TITLE TREASURER ☐ Change ☒ Addition  
3.2 NAME JOHN R. PATTISON  
3.3 STREET ADDRESS 406 NE 6TH ST  
3.4 CITY-ST-ZIP OKEECHOBEE FL 34972

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: *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/99 941-357-3276  
941-467-1171

CR2E034 (1/198)