

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

FILED

Mar 27 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 # P96000046327 (8)

1. Corporation Name
JOHN RICE, INC.



Principal Place of Business
206 WATERVIEW CT
SAFETY HARBOR FL 34695

Mailing Address
206 WATERVIEW CT
SAFETY HARBOR FL 34695-2061

3. Date Incorporated or Qualified 05/31/1996
3a. Date of Last Report n/a

2. Principal Place of Business
21 206 Water View Ct.
22 Suite, Apt. #, etc.

2a. Mailing Address
26 206 Water View Ct.
27 Suite, Apt. #, etc.

4. FEI Number 59-3413401
Applied For Not Applicable

23 City & State Safety Harbor, FL
24 Zip 34695 25 Country U.S.A.

28 City & State Safety Harbor, FL
29 Zip 34695 30 Country U.S.A.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 City & State Safety Harbor, FL
24 Zip 34695 25 Country U.S.A.

28 City & State Safety Harbor, FL
29 Zip 34695 30 Country U.S.A.

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23 City & State Safety Harbor, FL
24 Zip 34695 25 Country U.S.A.

28 City & State Safety Harbor, FL
29 Zip 34695 30 Country U.S.A.

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name John T. Rice
82 Street Address (P.O. Box Number is Not Acceptable) 206 WATERVIEW CT.
83
84 City SAFETY HARBOR FL 85 Zip Code 34695

11. Pursuant to the provisions of Sections 607.0102 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 DPST JOHN T. RICE 3/23/97
(Signature required or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DPST	<input type="checkbox"/> DELETE
NAME	RICE, JOHN	
STREET ADDRESS	206 WATERVIEW CT	
CITY - ST - ZIP	SAFETY HARBOR FL 34695	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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 or in an attachment with an address.

SIGNATURE: JOHN T. RICE 3/23/97 813-799-9431
(Signature and typed or printed name of signing officer or director) Date Daytime Phone #

CR2E034 (9/96)