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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000047682 (5)

RICK'S	KITCHENS AND BATHS, II	NC.			
Principal Plac	ce of Business	Mailing Address		····  1 (88) 1891 110 10 119 0 1111 0 0 111 0 0 111 0 0 111 0 0 111 0 0 111 0 0 0 111 0 0 0 111 0 0 0 0 1 1 1 1	B
4685 CHRISTY DRIVE PENSACOLA FL 32504		4685 CHRISTY DRIVE PENSACOLA FL 32504-6811			
				3. Date Incorporated or Qualified 06/01/1996	3a. Date of Last Report
<del> </del>	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3384390	Not Applicable
Suite, Apt		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	<b>\$5.00</b> May Be
Zip	Country	28	Combra		Added to Fees
24		Z <sub>ip</sub>	Country	8. This corporation has liability for int	
24	25 9. Name and Address of Curre		30]	Florida Statutes 10. Name and Address of New Regi	
MO			81 Name		1
MONROE, RICHARD D 4685 CHRISTY DRIVE			h = 1		
PENSACOLA FL 32504			82 Street Addr	ess (P.O. Box Number is Not Acceptable	)
'5"	100002016 02004		83		
<u> </u>			P		
			84 City		FL 85 Zip Code
11. Pursuant office or agent. I s	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the oblig	02 and 607.1508, Florida Statute of Florida. Such change was a alions of, Section 607.0505, Flo	s, the above-named corputhorized by the corporation Statutes.	poration submits this statement for the purion's board of directors. I hereby accept	pose of changing its registered the appointment as registered
SIGNATURE	Signature, typed or printed name of registered ag-	ent and title if applicable (NOTE	Registered Agent's grature requir	cd when reinstaling;	DATE
12,	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	D	☐ DELETE	1.1 TITLE		Change Addition
NAME	MONROE, RICHARD D		1.2 NAME		
STREET ADDRESS	4685 CHRISTY DRIVE		13 STREET ADDRESS		
CITY-\$1-ZIP	PENSACOLA FL 32504	T outst	1.4 CITY - ST - 7IP		
TITLE		DELETE	21 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		,
CITY-ST-ZIP TITLE		DELETE	2 4 CHY-ST-7IP 3.1 THUE		Change Addition
NAME		F" ! DELETE	3.2 NAME		C Change C Addition
STREET ADDRESS			3.2 NAME  3.3 STREET ADDRESS		, · · · · · · · · · · · · · · · · · · ·
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TRLE		Change Addition
NAME		<b>—</b>	4. 2 NAME		
STREET ADDRESS	1 1		4.3 STREET ADDRESS		Í
CITY-\$T-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 Trile		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 C(1Y - \$1 - 2(P		
TITLE		DELETE	6.1 THE		Change Addition
NAME		_	6.2 NAME		
STREET ADDRESS		^	6.3 \$TREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - \$1 - ZIP		·

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:

Kichen D Monice

4/15/97 (904) 435441

**FILED** 

Apr 21 1997 8:00am

Secretary of State