

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

FILED

Apr 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000073606 (1)

1. Corporation Name
ARD RI, INC.

Principal Place of Business

Mailing Address

4228 LA DEGA COURT
TAMPA FL 33611

4228 LA DEGA COURT
TAMPA FL 33611-2340



3. Date Incorporated or Qualified

08/28/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 1704 1/2, 7th Ave, Ybor City
Suite, Apt #, etc.

26 1704 1/2, 7th Ave, Ybor City
Suite, Apt #, etc.

4. FEI Number

59-342822-5

☒ Applied For

Not Applicable

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

22 City & State

23 TAMPA, FL

27 City & State

28 TAMPA, FL

24 Zip
33604

Country

25 USA

29 Zip

Country

30 USA

9. Name and Address of Current Registered Agent

FERNANDEZ, KRISTOPHER E ESW2.
307 SOUTH BOULEVARD STE D
TAMPA FL 33608

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME CAMPION, RICHARD
STREET ADDRESS 4228 LA DEGA COURT
CITY-ST-ZIP TAMPA FL 33611 ☐ DELETE

TITLE D
NAME MORRISSEY, PATRICIA
STREET ADDRESS 919 EAST 121ST AVENUE APT A
CITY-ST-ZIP TAMPA FL 33612 ☒ DELETE

TITLE D
NAME NOLAN, JOHN
STREET ADDRESS 919 E. 121ST AVE. APT A
CITY-ST-ZIP TAMPA FL 33612 ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V/S
1.2 NAME PLAINA M. DALY
1.3 STREET ADDRESS 3325 BAYSHORE BLVD, #E-36
1.4 CITY-ST-ZIP TAMPA, FL 33629 ☐ Change ☒ Addition

2.1 TITLE P/T
2.2 NAME Richard C. Campion
2.3 STREET ADDRESS 1704 1/2 7th Ave Ybor City
2.4 CITY-ST-ZIP TAMPA 33604 FL, USA ☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/97

875-1115

Daytime Phone #

0359266

CR2E034 (9/96)