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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 DOCUMENT # P9700030886 1. Corporation Name J.P. RICE, INC.

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

02-17-1999 90095 048 ***150.00



									18) IDIIU DIII 1001
Principal Place	e of Business	Mailing Address					× 273		
SEMINOLE FL 33772			5640 BAYVIEW DRIVE SEMINOLE FL 33772						
		SEMINOLE FL 33772				DO NOT WRITE IN THIS SPACE			
	•					3. Date Incorporate		THIS SI AGE	
	•					04/04/1997	d of Qualifor		
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number			Applied For
21		26				59-3440386			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc	Ç.			5. Certificate of Stat	tus Desired	,	5 Additional
22	•	27				J. Cormodio or otal		Fee	Required
City & State	e	City & State				6. Election Campaig	gn Financing		0 May Be
23		28				Trust Fund Contr	ribution		d to Fees
Zip	Country	Zip		ountry		8. This corporation	•	N=1	
24	25	29	30			Personal Proper		Yes	□No
•	9, Name and Address of Curre	nt Registered Agent		81	Name	10. Name and Addi	ess of New Regis	tered Agent	
BICE	JOHN P	e se si in transition de la company		"	name				
		115		82	Street Address (P.O. Box Number is Not Acceptable)				
SEMINOLE FL 33772						The state destruction of the state of the st			
, SEMI	11000 12 00/12			83			经法律证据		
	*			84	City			FI 85 Z	ip Code
<u> 50 (23 - 7)</u>	W	00 1007 1500 Florida	C4-4-4 4b-			aration aubmits this stat	toment for the num	nee of changing	its registered
agent. I a	to the provisions of Sections 607.056 egistered agent, or both, in the State m familiar with, and accept the obligations.	e of Florida. Such change ations of, Section 607.050	was authorize 5, Florida Sta	ed by tatutes.	the corporatio	in s board or directors.	Thereby accept the		· ·
agent. I a	m familiar with, and accept the obligation	ations of, Section 607.050	(NOTE: Registere	ed Agent	•	d when reinstating) ; ; ; ; ; ·	O,	ATE	
agent. I all SIGNATURE	m familiar with, and accept the obligation of registered age OFFICERS Al	ations of, Section 607.050 ent and title if applicable. ND DIRECTORS	(NOTE: Registere	ed Ageni	•	d when reinstating): 1.4.5.5.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.	·	ATE RS AND DIREC	TORS IN 12
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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: