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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Härris

Secretary of State

DIVISION OF CORPORATIONS

FILEODIVISION OF STATE

99 SEP 30 AM 10: 29

DOCUMENT # P970000 65686

Riddell Builders, Inc

9. Name and Address of Current Registered Agent

Parisipal Piane of Business

2 Principal Prace of Business

D \ [25]

Suite, Apt #, etc

22

Mailing Address

City & State

963 E. altamonte Dr.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed 4. FEI Number Applied For Not Applicable \$8.75 Additional 5. Certifcate of Status Desired fΙ Fee Required \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. [] Yes 10. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable)

Dustin Riddell 6734 LAKeville Rd Orlando 71. 32818 83 84 City 85 Zip Code

Country

81 Name 82

30

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 DATL Styriature, typed or printed name of registered agent and title if applicable when reinstating) 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Presider [] DELETE 11 TITLE [] Change [_] Addition 111 NOM 1.2 NAME 1.3 STREET ADDRESS STREET ADDRESS Orlando 71 32818 VICE · President Dustin Richell 6734 LAKEDILLE Rd C41) - S - 26 32818 1.4 CITY-ST-ZIP 70000300626g-chein THILF 21 TITLE -10/05/99--01098--005 22 NAME NAM ****550.00 ****550.00 32818 [] DELETE 2.3 STREET ADDRESS STREET ACTORES Orlando Fl 2 4 City-St-ZiP [] Change Addition THE 3 1 TITLE Nes 3 2 NAME 33 STREET ADDRESS Oth St Zir 34 CITY-ST-ZIP LIDELETE 4 1 TITLE [] Change [] Addition 4 2 NAME 5169 (LA*6 80 S 4.3 STREET ADDRESS CONVENTION 4.4 City-St-ZiP [| DELETE (| Change 1.;F 5.1 TITLE [| Addition 5.2 NAME 600 53 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP OD-5 -26 [] DELETE 61 TITLE [] Change F1 Addition THE F NAME 62 NAME 63 STREET ADDRESS STREET ACORESS 64 CITY-ST-ZIP

14. Thereby 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.

ICER OR DIRECTOR

SIGNATURE:

CR2E034