08171999-90011-015-$150.00-$150.00

PROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 SEP -3 AM 8:23

DOCUMENT # P97000081828

1. Corporation Name: Recovery Delivery Agency, Inc.

Principal Place of Business: 2101 SCOTT AVENUE, W. Palm Bch Fl 33409

Mailing Address: (same)

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 9-21-97

4. FEI Number: 65-0784067 — 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 owes the current year intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business
21 2101 SCOTT AVENUE
22 Suite, Apt. #, etc.
23 City & State: W. Palm Bch Fl
24 Zip: 33409 25 Country: USA

2a. Mailing Address
26 2101 SCOTT AVENUE
27 Suite, Apt. #, etc.
28 City & State: W. Palm Bch Fl
29 Zip: 33409 30 Country: USA

9. Name and Address of Current Registered Agent
Ronald G. Richardson
2101 SCOTT AVENUE
W. PAlm Bch Fl 33409

10. Name and Address of New Registered Agent
81 Name: Ronald G. Richardson
82 Street Address (P.O. Box Number is Not Acceptable): 2101 SCOTT AVENUE
83
84 City: W. PAlm Bch FL 85 Zip Code: 33409

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT ☐ DELETE
NAME	KATHY R. Richardson
STREET ADDRESS	2101 SCOTT AVENUE
CITY-ST-ZIP	W. PALM Bch Fl 33409
TITLE	V-PRESIDENT ☐ DELETE
NAME	Ronald G. Richardson
STREET ADDRESS	2101 SCOTT AVENUE
CITY-ST-ZIP	W. PALM Bch Fl 33409
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 asterisk; or other title empowered.

SIGNATURE: _____ 8/4/99 561-616-8185
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/96)