

ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORTFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

1999

DOCUMENT # P98000004217

1. Corporation Name

R. RILEY & ASSOCIATES, INC.

Principal Place of Business

1700 EMBASSY DR.
ATT: ROSLIAND RILEY
WEST PALM BEACH FL 33401

Mailing Address

1700 EMBASSY DR.
ATT: ROSLIAND RILEY
WEST PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/09/1998

4. FEI Number

65-0806032

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation owes the current year
Intangible Personal Property.☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MINTMIRE, DONALD F
285 SUNRISE AVE., STE. 204
PALM BEACH FL 33480

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 rehashing)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME ☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT/DIRECTOR ☐ Change ☐ Addition

1.2 NAME ROSLIAND RILEY

1.3 STREET ADDRESS 1700 EMBASSY DRIVE

1.4 CITY-ST-ZIP WEST PALM BEACH, FL 33401

2.1 TITLE VICE PRES/DIRECTOR ☐ Change ☐ Addition

2.2 NAME ANN R. HARRISON

2.3 STREET ADDRESS 1400 6TH STREET

2.4 CITY-ST-ZIP WPB FL 33401

3.1 TITLE SECRETARY/TREASURER ☐ Change ☐ Addition

3.2 NAME MARGARET P. CUMMINGS

3.3 STREET ADDRESS 441 WEST 31TH STREET

3.4 CITY-ST-ZIP RIVIERA BEACH, FL 33404

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 address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Aug 04, 1999 8:00 am
Secretary of State

08-04-1999 90002 015 ***550.00



CR2E034 (5/99)