Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90215 031 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **S03659**

1. Corporation Name

RICK CROFT ENTERPRISES, INC			
Principal Place of Business 2415 NW 35TH TERRACE GAINESVILLE FL 32605 US Mailing Address 2415 NW 35TH TERRACE GAINESVILLE FL 32605 US			DO NOT WRITE IN THIS SPACE
			3. Date Incorporated or Qualifed 10/03/1990
Principal Place of Business 21	2a. Mailing Address	Negative and	4. FEI Number Applied For S9-3035521 Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired See Required
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
Zip Country 24 25	Zip 30	Country	8. This corporation owes the current year Intangible Personal Property Tax. Yes No
9. Name and Address of Ci			10. Name and Address of New Registered Agent
CROFT, RICKIE B.		81 Name	
2415 NW 35TH TERRACE		82 Street Addr	ress (P.O. Box Number is Not Acceptable)
GAINESVILLE FL 32605		83	
		84 City	FL 85 Zip Code
office or registered agent, or both, in the sagent. I am familiar with, and accept the o	State of Florida. Such change was autrobligations of, Section 607.0505. Florid	e Statutes	poration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered
office or registered agent, or both, in the sagent. I am femiliar with, and accept the o	State of Florida. Such change was autrobligations of, Section 607.0505. Floridated agent and title in appliable. (NOTE: Right and title in appliable.	honzed by the comporation	on's board of directors. Thereby accept the appointment as registered
office or registered agent, or both, in the Sagent. I am femiliar with, and accept the of SIGNATURE	State of Florida. Such change was autrobligations of, Section 607.0505. Florid	e Statutes	A when reinstating)
office or registered agent, or both, in the sagent. I am femiliar with, and accept the of SIGNATURE Signature, typed or printed name of register. 12. OFFICER	State of Florida. Such change was autrobbligations of, Section 607.0505, Floridade agent and title in polyable. (NOTE: Right SAND DIRECTORS	e Statutes	Advisor reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
office or registered agent, or both, in the sagent. I am femiliar with, and accept the of SIGNATURE SIGNATURE SIGNATURE SIGNATURE OFFICER TITLE D CROFT, RICKIE B. STREET ADDRESS 2415 NW 35TH TERRACE	State of Florida. Such change was autrobbligations of, Section 607.0505, Floridade agent and title in polyable. (NOTE: Right SAND DIRECTORS	e Statutes. ogstored Agent signature require 13. 1.1 TILE	Advisor reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
office or registered agent, or both, in the sagent. I am femiliar with, and accept the or SIGNATURE SIGNATURE SIGNATURE OFFICER TITLE D NAME CROFT, RICKIE B.	State of Florida. Such change was autr pbligations of, Section 607.0505. Florid ed agent and title (Not)able. (NOTE: Ri RS AND DIRECTORS	a Statutes 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
office or registered agent, or both, in the sagent. I am emiliar with, and accept the or SIGNATURE SIGNATURE SIGNATURE OFFICER TITLE D CROFT, RICKIE B. 2415 NW 35TH TERRACE	State of Florida. Such change was autrobbligations of, Section 607.0505, Floridade agent and title in polyable. (NOTE: Right SAND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	Advisor reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
office or registered agent, or both, in the sagent. I am emiliar with, and accept the or SIGNATURE	State of Florida. Such change was autr pbligations of, Section 607.0505. Florid ed agent and title (Not)able. (NOTE: Ri RS AND DIRECTORS	13. 1.1 TITLE 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
office or registered agent, or both, in the sagent. I am emiliar with, and accept the or signature. Signature, typed or printed name of register of the sagent. The signature typed or printed name of register of the signature. The signature typed or printed name of register of the signature typed or printed name of register of the signature. The signature typed or printed name of register of the signature typed or printed name of register or the signature typed or printed name of register or the signature typed or printed name of register or the signature typed or printed name of register or the signature typed or printed name of register or the signature typed or the signature typed or the signature typed or th	State of Florida. Such change was autr pbligations of, Section 607.0505. Florid ed agent and title (Not)able. (NOTE: Ri RS AND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST- ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
office or registered agent, or both, in the sagent. I am emiliar with, and accept the or signature. Signature, typed or printed name of register of the sagent. The signature typed or printed name of register of the signature. The signature typed or printed name of register of the signature typed or printed name of register of the signature. The signature typed or printed name of register of the signature typed or printed name of register or the signature typed or printed name of register or the signature typed or printed name of register or the signature typed or printed name of register or the signature typed or the signatur	State of Florida. Such change was autr pbligations of, Section 607.0505. Florid ed agent and title (Not)able. (NOTE: Ri RS AND DIRECTORS	13. 1.1 TITLE 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
office or registered agent, or both, in the sagent. I am emiliar with, and accept the or signature. Signature, typed or printed name of register 12. TITLE D CROFT, RICKIE B. STREET ADDRESS CITY-ST-ZIP GAINESVILLE FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	State of Florida. Such change was autr pbligations of, Section 607.0505, Florid ed agent and title (Replijable, ROTE) R. RS AND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Advisor reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Change Addition
office or registered agent, or both, in the sagent. I am emiliar with, and accept the or signature. Signature, typed or printed name of register of the sagent. The signature typed or printed name of register of the signature. The signature typed or printed name of register of the signature typed or printed name of register of the signature. The signature typed or printed name of register of the signature typed or printed name of register or the signature typed or printed name of register or the signature typed or printed name of register or the signature typed or printed name of register or the signature typed or the signatur	State of Florida. Such change was autr pbligations of, Section 607.0505, Florid ed agent and title (Replijable, ROTE) R. RS AND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST- ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY- ST- ZIP 3.1 TITLE	Advisor reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Change Addition
office or registered agent, or both, in the sagent. I am emiliar with, and accept the or signature. Signature, typed or printed name of register 12. TITLE D CROFT, RICKIE B. STREET ADDRESS CITY-ST-ZIP GAINESVILLE FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	State of Florida. Such change was autr pbligations of, Section 607.0505, Florid ed agent and title (Replijable, ROTE) R. RS AND DIRECTORS DELETE	and the corporation of statutes of statute	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Change Addition
office or registered agent, or both, in the sagent. I am emiliar with, and accept the or significance of the complete of the c	State of Florida. Such change was autr pbligations of, Section 607.0505, Florid ed agent and title (Replijable, ROTE) R. RS AND DIRECTORS DELETE	a Statutes 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	Advisor reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Change Addition
office or registered agent, or both, in the sagent. I am emiliar with, and accept the or signature. Signature, typed or printed name of register 12. TITLE D CROFT, RICKIE B. STREET ADDRESS CITY-ST-ZIP GAINESVILLE FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	State of Florida. Such change was autr pbligations of, Section 607.0505. Florid ed agent and title interplable. (ROTE: Ro RS AND DIRECTORS DELETE DELETE	a Statutes 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME	Addition Change
office or registered agent, or both, in the sagent. I am emiliar with, and accept the or significant. I am emiliar with, and accept the or significant. Significant typed or printed name of register 12. OFFICER 12. OFFICER TITLE NAME STREET ADDRESS CITY-ST-ZIP	State of Florida. Such change was autr pbligations of, Section 607.0505. Florid ed agent and title interplable. (ROTE: Ro RS AND DIRECTORS DELETE DELETE	a Statutes 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.3 STREET ADDRESS 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Change Addition
office or registered agent, or both, in the sagent. I am emiliar with, and accept the or significance. The significance typed or printed name of register 12. TITLE D CROFT, RICKIE B. STREET ADDRESS CITY-ST-ZIP GAINESVILLE FL TITLE NAME STREET ADDRESS CITY-ST-ZIP	State of Florida. Such change was autr publications of, Section 607.050s. Florid ed agent and title in publishe. (ROTE: RI RS AND DIRECTORS DELETE DELETE DELETE	a Statutes 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Addition Change
office or registered agent, or both, in the sagent. I am emiliar with, and accept the or sagent. I am emiliar with, and accept the or sagent. I am emiliar with, and accept the or sagent. I am emiliar with, and accept the or sagent. I am emiliar with, and accept the or sagent. I am emiliar with, and accept the or sagent. I am emiliar with and accept the or sagent. I am emiliar with and accept the or sagent. I am emiliar with an emiliar with a street address crity-st-zip title NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITL	State of Florida. Such change was autr pbligations of, Section 607.0505. Florid ed agent and title interplable. (ROTE: Ro RS AND DIRECTORS DELETE DELETE	a Statutes 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.3 STREET ADDRESS 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	Addition Change
office or registered agent, or both, in the sagent. I am emiliar with, and accept the or significance. The significance typed or printed name of register 12. TITLE D CROFT, RICKIE B. STREET ADDRESS CITY-ST-ZIP GAINESVILLE FL TITLE NAME STREET ADDRESS CITY-ST-ZIP	State of Florida. Such change was autr publications of, Section 607.050s. Florid ed agent and title in publishe. (ROTE: RI RS AND DIRECTORS DELETE DELETE DELETE	e Statutes 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE	Addition Change

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 suppliemental 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.

6.1 TITLE

6.2 NAME

6,3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

☐ DELETE

Change

☐ Addition