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Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S14731** (1)

1. Corporation Name
JOSEPH F. RICE, P.E., INC.

Principal Place of Business
~~[illegible]~~
~~[illegible]~~
~~[illegible]~~

Mailing Address
~~[illegible]~~
~~[illegible]~~
~~[illegible]~~

3. Date Incorporated or Qualified: 11/15/1990
3a. Date of Last Report: 04/15/1996

2. Principal Place of Business
21 8332A Bird Rd
Suite, Apt. #, etc.
22 MIAMI, FLA.
City & State
23
Zip 24 33155 Country 25 USA

2a. Mailing Address
26 1712 SW 85th Ct
Suite, Apt. #, etc.
27 MIAMI FLA
City & State
28
Zip 29 33155 Country 30 USA

4. FEI Number: 65-0232224 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
~~[illegible]~~
~~[illegible]~~
~~[illegible]~~
~~[illegible]~~
~~[illegible]~~
RESIGNED 4/1/97

10. Name and Address of New Registered Agent
81 Name: Joseph F Rice
82 Street Address (P.O. Box Number is Not Acceptable): 1712 SW 85th Ct,
83
84 City: MIAMI FL 85 Zip Code: 33155

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: Joseph F Rice
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)
DATE: 26 April 1997

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	RICE, JOSEPH A	1.2 NAME	
STREET ADDRESS	1712 SW 85TH CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	P ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	RICE, JOSEPH F	2.2 NAME	
STREET ADDRESS	1712 SW 85TH CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	ST ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	RICE, LUCY D	3.2 NAME	
STREET ADDRESS	1712 SW 85TH CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: [illegible]

CR2E034 (9/96)