


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

FILED
Sep 01, 1999 8:00 am
Secretary of State

09-01-1999 90014 039 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT #

1. Corporation Name

Richco, INC

S52007

Principal Place of Business

Mailing Address

*779 E Merritt Isl Cswy
SUITE 397*

SAME

Merritt Isl, FL 32952

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

5/10/1991

2. Principal Place of Business

2a. Mailing Address

779 E Merritt Isl Cswy

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

397

City & State

City & State

Merritt Isl FL

Zip

Country

Zip

Country

32952

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

*Maureen K. Williams
779 E Merritt Isl Cswy
Merritt Isl, FL 32952
Suite 397*

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

Maureen K. Williams

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8/25/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE *President* ☐ DELETE
NAME *Maureen K Williams*
STREET ADDRESS *779 E Merritt Isl Cswy #397*
CITY-ST-ZIP *Merritt Isl FL 32952*

1.1 TITLE ☐ Change ☐ Addition

TITLE *D.T. Hamilton Director* ☐ DELETE
NAME *D.T. Hamilton*
STREET ADDRESS *4920 BANANA Blvd.*
CITY-ST-ZIP *Cocoa, FL 32929*

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

Maureen K. Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/25/99
Date

Daytime Phone #

CR2E034 (11/98)