

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V05080** (9)

1. Corporation Name

RICKY'S SERVICE INC.



Principal Place of Business

**260 OAK RIDGE RD
ORLANDO FL 32809
US**

Mailing Address

**260 OAK RIDGE RD
ORLANDO FL 32809
US**

3. Date Incorporated or Qualified

01/06/1992

3a. Date of Last Report

04/25/1995

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

59-3100477

Applied For

Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

City & State

23

City & State

28

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

Zip

24

Country

25

Zip

29

Country

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RIVERO, RICARDO
228 FILLMORE AVENUE
ORLANDO FL 32809**

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 must be personally signed by the registered agent.

(If the Registered Agent is not a corporation, the signature must be handwritten.)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**P
RIVERO, RICARDO
228 FILLMORE AVENUE
ORLANDO FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**V
RIVERO, JULIA E
228 FILLMORE AVENUE
ORLANDO FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**S
RIVERO, MELVA M
228 FILLMORE AVENUE
ORLANDO FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**O
REYES, AUREO M.
14735 ASTINA WAY
ORLANDO FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**O
REYES, RAFAELA
14735 ASTINA WAY
ORLANDO FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 this 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

3/14/96 407-856 0495
Date Date/Time Phone #

CR2E034 (12/95)