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

PROFIT CORPORATION ANNUAL REPORT



V09764

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name RICKY JIS INC.

HIO	۱ı	v	U,	1140

Mailing Address



Principal Place of Business Mailing Address						(1001) 011211 00110 12311 02010		81971 41911 818		
1330 DR MARTIN LUTHER KING WAY SARASOTA FL 34234		BRADE	6414 FORRESTER DRIVE BRADENTON F 34202-9966 US							
		US.					3. Date Incorporated or Qualified 3a. Date of Last Report 01/22/1992 04/28/1995			
2. Principal Pla	ice of Business	2a. Mailing	Address				4. FEI Number			Applied For
21		26					65-0306512			Not Applicable
Suite, Apt #	I, etc.	Suite, A	spt #, etc				5. Certificate of Status Desired			Additional Required
City & State		City & S	State				6. Election Campaign Financing		\$5.0	0 Мау Ве
23	· · · · · · · · · · · · · · · · · · ·	28				•	Trust Fund Contribution			d to Fees
Zıp 24	Country 25	Ζιρ 29		Country 30	,		8. This corporation has liability for Florida Statutes	r intangible s 🏻 No	tax under s	199.032,
	9. Name and Address of Curi	ent Registered A	gent		_		10. Name and Address of New	Registere	d Agent	
				81	1	Namo				
	, SANDY			62	+	Street Addre	ess (P.O. Box Number is Not Accepta	ıble)		
	INGLING BLVD			83	ļ.					
SUITE				63						
SARAS	OTA FL 34237			84	Ī	City		F	85 Zig	p Code
11 Dure uppt to	o the provisions of Sections 607.05	02 and 607 1508	Florida Statuta	e the about	<u> </u>	auted correr	ation submits this statement for the p			registered office
SIGNATURE	h, and accept the obligations of, Si Synature typed or printed name of registered as	y nation of the diappel conve		It Registered Age	10.5	signal ire require.	Twher constating	DATE		
12.		AND DIRECTORS	7 oc. c.c.	13.		r	ADDITIONS/CHANGES TO OF	FICERS AN		
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NAME	JARVIS, RICHARD T 1032 23RD ST			1.2 NAME						
STREET ADDRESS	SARASOTA FL			1 3 STREET						
CITY-ST-ZIP TITLE	ONINOOTATE		DELETE	1.4 CHY-5 2 1 TillE	51-	IIF			☐ Change	Addition
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NAME				4.2 NAME						
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NAME		_		6.2 NAME					_ `	
STREET ADDRESS				6 3 STREE	ΙA	ADDRESS				
CITY-ST-ZIP				6 4 CITY - 1		+				
	y certify that the information supply	ed with this filing is	voluntarily furni				or the exemption stated in Section 11	9.07(3)(k), I	lorida Statu	tes 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, Fiorida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

941-751-0458

CR2E034 (12/95)