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FILED  
Apr 21 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V14132

(7)

1. Corporation Name

RICE & ASSOCIATES REALTY, INC.

Principal Place of Business

2055 WOOD STREET  
STE. 204  
SARASOTA FL 34237  
US

Mailing Address

2055 WOOD STREET  
STE. 204  
SARASOTA FL 34237-7829  
US

3. Date Incorporated or Qualified

02/14/1992

3a. Date of Last Report

04/18/1996

2. Principal Place of Business

21 1290 No. Palm Ave.

Suite, Apt. #, etc.

22 Suite A.

City & State

23 Sarasota, FL

Zip

24 34236

Country

25 sarasota

2a. Mailing Address

26 1290 No. Palm Ave.

Suite, Apt. #, etc.

27 Suite A.

City & State

28 Sarasota, FL

Zip

29 34236

Country

30 Sarasota

4. FEI Number

65-0320464

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

RICE, KATRINA N.  
2055 WOOD STREET  
STE. 204  
SARASOTA FL 34237

10. Name and Address of New Registered Agent

81 Name

KATRINA RICE

82 Street Address (P.O. Box Number is Not Acceptable)

1290 N. Palm Ave. Suite A.

83

84 City

Sarasota

FL

85 Zip Code

34236

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 of the person named as registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/5/97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME RICE, KATRINA N.  
STREET ADDRESS 2055 WOOD STREET, STE. 204  
CITY - ST - ZIP SARASOTA FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME Rice, Katrina N.  
1.3 STREET ADDRESS 1290 No. Palm Ave., Ste. A.  
1.4 CITY - ST - ZIP Sarasota, FL 34236

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

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

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

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

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

941-954-4044

Daytime Phone #

CR2E034 (9/96)