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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V43646

1. Corporation Name
R & M RITTER, INC.

Principal Place of Business

**7577 LAKE WORTH RD
SUITE 45
LAKE WORTH FL 33467
US**

Mailing Address

**6115 SE BLACK OAK LN
STUART FL 34997
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/05/1992

4. FEI Number

65-0344313

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 owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 **7577 Lake Worth Rd**

2a. Mailing Address

26 **6115 S.E. Black Oak Ln**

Suite, Apt. #, etc.

22 **Suite 45**

Suite, Apt. #, etc.

27

City & State

23 **Lake Worth FL**

City & State

28 **Stuart FL**

Zip

24 **33467**

Country

25 **FL**

Zip

29 **34997**

Country

30 **Martin**

9. Name and Address of Current Registered Agent

**RITTER, RAYMOND L.
6115 SE BLACK OAK LN
STUART FL 34997**

10. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PT** ☐ DELETE

NAME **RITTER, RAYMOND L**

STREET ADDRESS **6115 S.E. BLACK OAK LANE**

CITY-ST-ZIP **STUART FL 34997**

TITLE **VS** ☐ DELETE

NAME **RITTER, MARSHA J**

STREET ADDRESS **6115 S.E. BLACK OAK LANE**

CITY-ST-ZIP **STUART FL 34997**

TITLE **D** ☐ DELETE

NAME **KUBALA, PAUL**

STREET ADDRESS **65 CORLAND AVE.**

CITY-ST-ZIP **KENMORE NY 14223**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

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

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 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

Raymond L. Ritter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

< President > Jan 8th 1999 561-641-9292

Date

Daytime Phone #

CR2E034 (11/98)