

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

RECAPITULATION
ANNUAL REPORT

1995



DOCUMENT # V48710

(0)

R.C. RIDER, INC.

4651 S.E. 11TH PLACE
CAPE CORAL FL 33904

4651 S.E. 11TH PLACE
CAPE CORAL FL 33904

APPROVED
FILED

CLERK OF STATE
TALLAHASSEE, FLORIDA

3. Date of Last Report		36. Date of Last Report	
07/08/1992		04/20/1994	
4. FIC Number		Appendix	
65-0347598		Not Applicable	
5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required	
6. Election Campaign Financing Fund Contribution		☐ \$5.00 May Be Added to Fees	
8. This corporation has liability for statements under Florida Statutes		☒ Yes ☐ No	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

RIDER, ROBERT C.
3638 SE 10TH AVE
STE 5
CAPE CORAL FL 33904

81. Name	85. Zip Code
82. Street Address (if C, Box Number is Not Acceptable)	FL
83.	
84. City	

11. Pursuant to the provisions of Sections 607.02(2) and 607.0408, Florida Statutes, the above named corporation hereby this statement for the purpose of changing its registered office or registered agent, as 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 607.0408, Florida Statutes.

SIGNATURE: _____ ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS: ☐ Change ☐ Addition

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME	DP RIDER, RONALD C 3638 SE 10TH AVE CAPE CORAL FL	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP		ZIP	
NAME	DV GUERRIE, JANETTE D 3638 SE 10TH AVE #5 CAPE CORAL FL	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP		ZIP	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP		ZIP	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP		ZIP	

14. I, the undersigned, certify that the information supplied with this filing is substantially true and correct, and that I am qualified to file this statement for the corporation. I further certify that the information indicated on this annual report or supplemental annual report is true and correct, and that my signature shall have the same legal effect as if made under oath. That I am and have been a resident of this corporation or this corporation's business office since the date this report is required by Chapter 607, Florida Statutes, and that my name appears in Block 1, 2, or 3 of this report or on any other filing with an address.

SIGNATURE:

Janette D. Rider Janette D. Rider Vice President 5-1-95 (813)
542-6805
0320444 CP