FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 FEB 15 PM 3:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V60331 (8)

1. Corporation Name
RIC-LON ENTERPRISES, INC.

Principal Place of Business
731 CREIGHTON RD
ORANGE PARK FL 32073

Mailing Address
5860 TIMUQUANA ROAD
#11
JACKSONVILLE FL 32210-7887
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/26/1992
3a. Date of Last Report: 04/21/1994
4. FEI Number: 59-3138026 — 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 has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

2. Principal Place of Business: 21 ___ Suite, Apt. #, etc.: 22 ___ City & State: 23 ___ Zip: 24 ___ Country: 25 ___

2a. Mailing Address: 26 ___ Suite, Apt. #, etc.: 27 ___ City & State: 28 ___ Zip: 29 ___ Country: 30 ___

9. Name and Address of Current Registered Agent

RIC-LON ENTERPRISES , INC.
5860 TIMNQUANA RD #11
JACKSONVILLE FL 32210

10. Name and Address of New Registered Agent

81 Name: Jeffrey L. Wheeler
82 Street Address (P.O. Box Number is Not Acceptable): 5860 Timuquana Rd. #11
83
84 City: Jacksonville FL 85 Zip Code: 32210

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 Jeffrey L. Wheeler (Signature, typed or printed name of registered agent and title if applicable) — [signature] — January 30, 1995 (DATE)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	WHEELER, JEFFREY L.
STREET ADDRESS	3820 COLEBROOKE DR
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	D
NAME	WHEELER, CHARLENE D.
STREET ADDRESS	3820 COLEBROOKE DR
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	D
NAME	SCOTT, PAUL R.
STREET ADDRESS	731 CREIGHTON RD
CITY-ST-ZIP	ORANGE PARK FL
TITLE	D
NAME	SCOTT, MARILYN J.
STREET ADDRESS	731 CREIGHTON RD
CITY-ST-ZIP	ORANGE PARK FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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	$ DEBITED BY BANK	

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 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] Jeffrey L. Wheeler Pres. (904) 777-6164
(Signature and typed or printed name of signing officer or director) (Date) (Daytime Phone #)

0016610 CP