

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

2. Principal Place of Business

21 5035 W. 12th Street

Suite, Apt. #, etc.

22 City & State

23 Jacksonville, FL.

Zip

Country

24 32254

25 U.S.

2a. Mailing Address

26 P.O. Box 60159

Suite, Apt. #, etc.

27 City & State

28 Jacksonville, FL.

Zip

Country

29 32236

30 U.S.

3. Date Incorporated or Qualified

08/26/1992

3a. Date of Last Report

02/15/1995

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

9. Name and Address of Current Registered Agent

WHEELER, JEFFREY L
5860 TIMUQUANA RD #11
JACKSONVILLE FL 32210

10. Name and Address of New Registered Agent

81 Name

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

5035 W. 12th Street

83

84 City

Jacksonville

FL

85 Zip Code

32254

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 in printed name of registered agent and the corporation

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

☐ DELETE

NAME

WHEELER, JEFFREY L.

STREET ADDRESS

3820 COLEBROOKE DR

CITY - ST - ZIP

JACKSONVILLE FL

TITLE

D

☐ DELETE

NAME

WHEELER, CHARLENE D.

STREET ADDRESS

3820 COLEBROOKE DR

CITY - ST - ZIP

JACKSONVILLE FL

TITLE

D

☐ DELETE

NAME

SCOTT, PAUL R.

STREET ADDRESS

731 CREIGHTON RD

CITY - ST - ZIP

ORANGE PARK FL

TITLE

D

☐ DELETE

NAME

SCOTT, MARILYN J.

STREET ADDRESS

731 CREIGHTON RD

CITY - ST - ZIP

ORANGE PARK FL

TITLE

D

☐ DELETE

NAME

D

☐ DELETE

STREET ADDRESS

D

☐ DELETE

CITY - ST - ZIP

D

☐ DELETE

NAME

D

☐ DELETE

STREET ADDRESS

D

☐ DELETE

CITY - ST - ZIP

D

☐ DELETE

NAME

D

☐ DELETE

STREET ADDRESS

D

☐ DELETE

CITY - ST - ZIP

D

☐ DELETE

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 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:

Jeffrey L. Wheeler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/96

(904) 786-3234

Date

Daytime Phone #

CR2E034 (12/95)