

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94884 (6)

1. Corporation Name
RIDDAR PRODUCTION INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
**38 OSPREY ST.
SAFETY HARBOR FL 34695** **38 OSPREY ST.
SAFETY HARBOR FL 34695**

3. Date Incorporated or Qualified 3a. Date of Last Report
08/17/1982 **05/01/1994**

2. Principal Place of Business 2a. Mailing Address
21 **26**

4. FEI Number Applied For
59-2524287 Not Applicable

22. Suite, Apt. #, etc. 27. Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional
Fee Required**

23. City & State 28. City & State

6. Election Campaign Financing **\$5.00 May Be
Trust Fund Contribution Added to Fees**

24. Zip 25. Country 29. Zip 30. Country

8. This corporation has liability for intangible tax under S. 190.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**ASP, ANDERS
38 OSPREY STREET
SAFETY HARBOR FL 34695**

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ASP, ANDERS 38 OSPREY ST. SAFETY HARBOR FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T ASP, KERSTI 38 OSPREY ST. SAFETY HARBOR FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MUELLER, ROBERT J 38 OSPREY ST. SAFETY HARBOR FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(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: Anders ASP 4/28/95 789-1998
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Phone #