

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S22992

**Entity Name:** RITA TEMPORARIES, INC.

**Current Principal Place of Business:**

5150 S FLORIDA AVE  
LAKELAND, FL 33813

**Current Mailing Address:**

PO BOX 6955  
LAKELAND, FL 33807 US

**FEI Number:** 59-3040716

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DAYVAULT, MARTHA S  
5150 S FLORIDA AVE  
LAKELAND, FL 33813 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DP  
Name DAYVAULT, MARTHA S  
Address 5328 GLENMORE DR  
City-State-Zip: LAKELAND FL 33813

Title DVP  
Name HAMES, SUSAN D  
Address 414 EAST MAXWELL STREET  
City-State-Zip: LAKELAND FL 33803

Title DT  
Name DAYVAULT, JAMES C  
Address 5328 GLENMORE DR  
City-State-Zip: LAKELAND FL 33813

Title DVP  
Name HAMES, J. RICHARD JR  
Address 414 EAST MAXWELL STREET  
City-State-Zip: LAKELAND FL 33803

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** JAMES C. DAYVAULT

**TREASURER**

03/14/2018

Electronic Signature of Signing Officer/Director Detail

Date