

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Shirley B. Mathison  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F45311 (0)**

1. Corporation Name  
**REGISTER CONTRACTING COMPANY, INC.**

Principal Place of Business Mailing Address  
**2116 W BEAVER ST  
P O BOX 43176  
JACKSONVILLE FL 32209**



3. Date Incorporated or Qualified **09/21/1981** 3a. Date of Last Report **05/31/1995**  
4. FLE Number **59-2119580** 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 ability to bring into tax under s. 199.032, Florida Statutes.  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 State, Apt. #, etc. 26 State, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 29 Country  
30 Country

9. Name and Address of Current Registered Agent  
**REGISTER, GARY E.  
2116 W BEAVER ST  
JACKSONVILLE FL 32209**

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 607.01(1)(a) and 607.01(1)(b), Florida Statutes, heretofore named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Said 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 607.01(2), Florida Statutes.

SIGNATURE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	REGISTER, GARY E.	
STREET ADDRESS	2116 WEST BEAVER STREET	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	REGISTER, JOANNE G.	
STREET ADDRESS	2116 WEST BEAVER STREET	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	CHILDERS, BEN H.	
STREET ADDRESS	2116 W. BEAVER ST.	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	MURRAY, PAMELA K.	
STREET ADDRESS	2116 W. BEAVER ST.	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11 STREET ADDRESS	
14 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2 NAME	
21 STREET ADDRESS	
24 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3 NAME	
31 STREET ADDRESS	
34 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4 NAME	
41 STREET ADDRESS	
44 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5 NAME	
51 STREET ADDRESS	
54 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6 NAME	
61 STREET ADDRESS	
64 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied herein is true and correct, and that I am qualified to qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information indicated on the front of report of supplemental information 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 president or trustee, as provided. It is to be understood as required by Chapter 612, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on my certificate of withdrawal, as applicable.

SIGNATURE: *Pamela K Murray Asst Corporate Sec. 3/20/96 904-358-2333*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)