

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **J58513 (9)**
1. Corporation Name
RICHARD SNEED CONSTRUCTION, INCORPORATED



Principal Place of Business
**1477 MARKET ST
TALLAHASSEE FL 32312
US**

Mailing Address
**1477 MARKET ST
TALLAHASSEE FL 32312
US**

2. Principal Place of Business
21 **2933 Kerry Forest Pkwy**
Suite, Apt. #, etc.
22
City & State
23 **Tallahassee, FL**
Zip Country
24 **32308** 25 **Leon**
26 **2933 Kerry Forest Pkwy**
Suite, Apt. #, etc.
27
City & State
28 **Tallahassee, FL**
Zip Country
29 **32308** 30 **Leon**

3. Date Incorporated or Qualified **02/24/1987** 3a. Date of Last Report **05/01/1995**
4. FET Number **59-2778071** 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

**SNEED, RICHARD
4937 HIGHGROVE RD
TALLAHASSEE FL 32308**

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

Signature (typed or printed name of registered agent or director, if applicable)

(If not, Registered Agent Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
	DPV			☐
	SNEED, RICHARD			
	4937 HIGHGROVE RD			
	TALLAHASSEE FL			
				☐
				☐
				☐
				☐
				☐
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96 904-668-2931
Date Date Phone

CR2E034 (12/95)