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Jan 21 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # K70852

(4)

1. Corporation Name
RCO AND ASSOCIATES, INC.



Principal Place of Business

321 DEER POINT DRIVE
GULF BREEZE FL 32561
US

Mailing Address

321 DEER POINT DRIVE
GULF BREEZE FL 32561-4532
US

3. Date Incorporated or Qualified
03/01/1989

3a. Date of Last Report
04/05/1996

2. Principal Place of Business

21 321 Deerpointe Dr

Suite, Apt. #, etc.

22 City & State
Gulf Breeze FL

23 Zip Country
32561 U.S.

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

4. FEI Number
59-2934859

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

OEFINGER, ROBERT CONRAD
5795 AVENIDA REAL
PENSACOLA FL 32504

10. Name and Address of New Registered Agent

81 Name Oefinger, Carmen Shires
82 Street Address (P.O. Box Number is Not Acceptable)
321 Deerpointe Dr.
83
84 City Gulf Breeze, FL FL 85 Zip Code 32561

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 *Carmen S. Oefinger* Carmen S. Oefinger president 1/12/97
Signature, typed or printed name of officer or director (type "S" if applicable) (NOTE: Registered agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE D DELETE
NAME OEFINGER, ROBERT CONRAD
STREET ADDRESS 5795 AVENIDA REAL
CITY-ST-ZIP PENSACOLA FL

TITLE D DELETE
NAME OEFINGER, CARMEN SHIRES
STREET ADDRESS 5795 AVENIDA REAL
CITY-ST-ZIP PENSACOLA FL

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 D Change Addition
2.2 NAME Oefinger, Carmen Shires
2.3 STREET ADDRESS 321 Deerpointe Dr.
2.4 CITY-ST-ZIP Gulf Breeze, FL 32561

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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Carmen S. Oefinger* Carmen S. Oefinger (904) 934-7951
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)