

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

APPROVED
AND
FILED

MAY -1 AM 2:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **L07253** (2)

1. Corporation Name:
RADICE CONSTRUCTION CORP.

Principal Place of Business: **222 S. 15TH SUITE 600 N OMAHA NE 68102**

Mailing Address: **222 S. 15TH SUITE 600 N OMAHA NE 68102**

2. Principal Place of Business: 21

2a. Mailing Address: 26

22. State, Apt # etc. 27

23. City & State: 28

24. Zip: 25

29. County: 30

3. Date Incorporated or Created: **08/03/1989**

3a. Date of Last Report: **05/20/1994**

4. FEI Number: **25-1194781**

Applied For: Not Applicable

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

6. Election Campaign Financing: **\$5.00 May Be Added to Fees**

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent:

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent:

B1. Name

B2. Street Address (P.O. Box Number is Not Acceptable)

B3.

B4. City: **FL** B5. Zip Code

11. Pursuant to the provisions of Sections 607.07(2) and 607.1408, Florida Statutes, the above named corporation submits the 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 607.07(2), Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS

101. NAME	P GERBER, WILLIAM J
102. STREET ADDRESS	222 S. 15TH ST., #600 NORTH
103. CITY, STATE, ZIP	OMAHA NE 68102
104. NAME	T MACE, GEORGIA M
105. STREET ADDRESS	222 S. 15TH ST., #600 NORTH
106. CITY, STATE, ZIP	OMAHA NE 68102
107. NAME	S KNOLLA, PETER A
108. STREET ADDRESS	222 S. 15TH ST., #600 NORTH
109. CITY, STATE, ZIP	OMAHA NE 68102
110. NAME	
111. STREET ADDRESS	
112. CITY, STATE, ZIP	
113. NAME	
114. STREET ADDRESS	
115. CITY, STATE, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

11. TITLE

12. NAME

13. STREET ADDRESS

14. CITY, STATE, ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY, STATE, ZIP

31. TITLE

32. NAME

33. STREET ADDRESS

34. CITY, STATE, ZIP

41. TITLE

42. NAME

43. STREET ADDRESS

44. CITY, STATE, ZIP

51. TITLE

52. NAME

53. STREET ADDRESS

54. CITY, STATE, ZIP

61. TITLE

62. NAME

63. STREET ADDRESS

64. CITY, STATE, ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not comply for the exemption stated in Sections 119.07(4)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as a hand written signature. This filing is effective on the filing date unless a further requirement for compliance is required by Chapter 402, Florida Statutes, and that my name appears on Block 12 or Block 13 of this filing or on an attachment with an address.

SIGNATURE: _____

04/29/95 (402) 344-8800