

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P37438** (9)
1. Corporation Name
RCR BUILDING CORPORATION



Principal Place of Business: **2521 PERIMETER PLACE DRIVE NASHVILLE TN 37214**
Mailing Address: **2521 PERIMETER PLACE DRIVE NASHVILLE TN 37214**

3. Date Incorporated or Qualified: **02/10/1992**
3a. Date of Last Report: **03/21/1995**
4. FEI Number: **62-1256237**
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

21. Principal Place of Business: Suite, Apt. #, etc.; City & State; Zip; Country
22. Mailing Address: Suite, Apt. #, etc.; City & State; Zip; Country
23. City & State; Zip; Country
24. City & State; Zip; Country

9. Name and Address of Current Registered Agent
**DUNLAP, DAVISON F., JR., ATTORNEY
300 EAST PARK
P.O. BOX 13527
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

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: _____ DATE: _____
Signature (typed or printed name of registered agent) (Block 12 or 13) (Typed name of registered agent) (Block 12 or 13) (Typed name of registered agent) (Block 12 or 13)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PCD	<input type="checkbox"/> DELETE
NAME	RILEY, PATRICK J., JR.	
STREET ADDRESS	134 W. BROOKFIELD	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CAHN, PAUL R.	
STREET ADDRESS	649 W. POLO DRIVE	
CITY-ST-ZIP	CLAYTON MO	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	RUSSELL, JOSEPH V.	
STREET ADDRESS	1218 VINTAGE PLACE	
CITY-ST-ZIP	NASHVILLE TN	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS	1218 CHICKERING ROAD		
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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: _____ DATE: **4-1-94** 415-872-0900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)