

FILE-NOW: FILING FEE AFTER MAY 1 IS \$550.00

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May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000043400 (9)

1. Corporation Name

K.R.C. CONSTRUCTION, INC.

Principal Place of Business

115 CAMDEN ROAD
PENSACOLA FL 32534

Mailing Address

115 CAMDEN ROAD
PENSACOLA FL 32534-3115

3. Date Incorporated or Qualified

06/10/1993

3a. Date of Last Report

04/05/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COOK, KAY R
115 CAMDEN ROAD
PENSACOLA FL 32534

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

Kay R. Cook

(NOTE: Registered Agent signature required when reinstating)

4-14-97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D VICE-PRESIDENT ☐ DELETE

NAME LARSEN, DON R
STREET ADDRESS 5806 MARGARETTA BLVD
CITY-ST-ZIP PENSACOLA FL

1.1 TITLE ☐ Change ☐ Addition

TITLE D PRESIDENT ☐ DELETE

NAME COOK, WILLIS M III
STREET ADDRESS 415-B HANNAH ST
CITY-ST-ZIP PENSACOLA FL

2.1 TITLE ☐ Change ☐ Addition

TITLE D SEC/TREASURER ☒ DELETE

NAME TUMMLER, ROY R
STREET ADDRESS 4506 DEAUVILLE WAY
CITY-ST-ZIP PENSACOLA FL

2.4 CITY-ST-ZIP ☐ Change ☒ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

SIGNATURE:

Don R. Larsen

4-14-97

(904) 477-2025

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0487085

CR2E034 (9/96)