

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2005 08:00 AM
Secretary of State

DOCUMENT # F98000001501

1. Entity Name

BEN M. RADCLIFF CONTRACTOR, INC.



Principal Place of Business

3456 HALLS MILL ROAD
MOBILE, AL 36693

Mailing Address

P.O. BOX 8368
MOBILE, AL 36689-0368



02102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

63-0419772

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE

P

NAME

RADCLIFF JR, BEN M

STREET ADDRESS

3456 HALLS MILL ROAD

CITY - ST - ZIP

MOBILE, AL

TITLE

VCD

NAME

RADCLIFF, BEN M

STREET ADDRESS

3456 HALLS MILL ROAD

CITY - ST - ZIP

MOBILE, AL

TITLE

D

NAME

RADCLIFF, JEAN F

STREET ADDRESS

3456 HALLS MILL ROAD

CITY - ST - ZIP

MOBILE, AL

TITLE

ST

NAME

COBB, GLENNIE J

STREET ADDRESS

3456 HALLS MILL ROAD

CITY - ST - ZIP

MOBILE, AL

TITLE

VD

NAME

FRENKEL, PAUL A

STREET ADDRESS

3456 HALLS MILL ROAD

CITY - ST - ZIP

MOBILE, AL 36693

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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02/12/05-80042-001 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with my address, with all other like employed.

SIGNATURE: **GLENNIE J. COBB, SEC./TREA.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-05

Date

251 666 7252

Daytime Phone #