

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 173217

(1)

1. Corporation Name:

FRED RANKIN COMPANY, INC.

FILED
95 AUG 10 PM 12:44
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29		3. Date Incorporated or Qualified 04/17/1993		3a. Date of Last Report 05/01/1994	
4. FEI Number 59-0837619		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	
6. This corporation has liability for intangible tax under s. 189.032, Florida Statutes ☐ Yes ☒ No							

9. Name and Address of Current Registered Agent

RANKIN JR., FRED A.
5803 CHERRY LAUREL DR.
JACKSONVILLE FL 32210

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	FL
86	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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	RANKIN JR, FRED A	1.2 NAME	
STREET ADDRESS	5803 CHERRY LAUREL DR	1.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE, FL 00000	1.4 CITY - ST - ZIP	
TITLE	J	2.1 TITLE	☐ Change ☐ Addition
NAME	PARKER, VICTORIA R.	2.2 NAME	
STREET ADDRESS	3228 COVENTRY N.	2.3 STREET ADDRESS	
CITY - ST - ZIP	SAFETY HARBOR	2.4 CITY - ST - ZIP	
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	RANKIN, CAROLYN L	3.2 NAME	
STREET ADDRESS	5803 CHERRY LAUREL DR	3.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE, FL 00000	3.4 CITY - ST - ZIP	
TITLE	V	4.1 TITLE	☐ Change ☐ Addition
NAME	RANKIN, F WILLIAM	4.2 NAME	
STREET ADDRESS	5803 CHERRY LAUREL DR	4.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE, FL 00000	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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)(4), 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 my address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-7-95 904-7866823

CR2E034 (3/95)