

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 # 305924 (3)

1. Corporation Name

R.D. CECIL AND COMPANY



Principal Place of Business

3967 W. ILLINOIS ST.
3967 W ILLINOIS STREET (GRAND DETOUR)
DIXON IL 61021-9425
US

Mailing Address

% MR. ROBERT D. CECIL
3967 W. ILLINOIS ST.
DIXON IL 61021-6424
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

25

30

9. Name and Address of Current Registered Agent

MCMEEKIN, RICHARD L
34 QUAIL LANE
JACKSONVILLE BEACH 32250

81 Name

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

83

84 City

FL

85

Zip Code

3. Date Incorporated or Qualified

06/14/1966

3a. Date of Last Report

04/10/1995

4. FEI Number

36-2710474

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

10. Name and Address of New Registered Agent

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 changed)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PTD	☐ DELETE
NAME	CECIL, ROBERT D	
STREET ADDRESS	3967 W ILLINOIS STREET	
CITY- ST- ZIP	DIXON IL	
TITLE	VSD	☐ DELETE
NAME	CECIL, CHARLES H	
STREET ADDRESS	966 STONEHAVEN DR	
CITY- ST- ZIP	ELGIN IL	
TITLE	D	☐ DELETE
NAME	ETNYRE, MARY S.	
STREET ADDRESS	4141 N ROCKTON AVE, C-106	
CITY- ST- ZIP	ROCKFORD IL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	☐ Change ☐ Addition
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT D. CECIL

APRIL 2, 1996

(815)
652-4403
Employee Phone #

CR2E034 (12/95)