

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 # **435869** (3)

1. Corporation Name

R.E. PURCELL CONSTRUCTION CO., INC.

Principal Place of Business

**11603 SR 54
ODESSA FL 33556
US**

Mailing Address

**P.O. BOX 837
ODESSA FL 33556
US**



3. Date Incorporated or Qualified
09/12/1973

3a. Date of Last Report
05/22/1995

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

29 30

g. Name and Address of Current Registered Agent

**PURCELL, RAYMOND
11603 SR 54
ODESSA FL 33556**

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE **S** ☐ DELETE

NAME **PURCELL, CAROLYN**
STREET ADDRESS **11603 SR 54**
CITY-STATE-ZIP **ODESSA FL**

2. TITLE **V** ☒ DELETE

NAME **SHIVER, LEVIS E.**
STREET ADDRESS **11603 SR 54**
CITY-STATE-ZIP **ODESSA FL**

3. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

4. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

5. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

6. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP

2. TITLE ☐ Change ☐ Addition

21 NAME
22 STREET ADDRESS
23 CITY-STATE-ZIP

3. TITLE ☐ Change ☒ Addition

P
NAME **PURCELL, RAYMOND**
STREET ADDRESS **11603 SR 54**
CITY-STATE-ZIP **ODESSA FL 33556**

4. TITLE ☐ Change ☒ Addition

V
NAME **STUART, ERNEST A.**
STREET ADDRESS **11603 SR 54**
CITY-STATE-ZIP **ODESSA FL 33556**

5. TITLE ☐ Change ☐ Addition

51 NAME
52 STREET ADDRESS
53 CITY-STATE-ZIP

6. TITLE ☐ Change ☐ Addition

61 NAME
62 STREET ADDRESS
63 CITY-STATE-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:

Raymond E. Purcell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAYMOND E. PURCELL

1-17-96

(813)785-6567

Date

Daytime Phone #

CR2E034 (12/95)