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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 488115

(7)

R.S. FUTCH CONSTRUCTION, INC.

**FILED** May 13 1997 8:00am Secretary of State



Principal Plas 756 S W 16TI POB 4739 OCALA FL 34 US		Mailing Address 756 S W 16TH AVE POB 4739 OCALA FL 34478-4739 US			3. Date Incorporated or Qualified   3a. Date of Last Report   10/22/1975   02/01/1996				
						10/22/1975	J U2/		· · · · · · · · · · · · · · · · · · ·
— <u>-</u> -	Place of Business	2a. Mailing Address				4, FEI Number			Applied For
21		26				59-1596298			Not Applicable
Suite, Apt 22		Suite, Apt. #, etc.				5. Certificate of Status Desired		Fee I	Additional Regulred
City & Sta 23	le	City & State				6. Election Campaign Financing Trust Fund Contribution			O May Be d to Fees
Žip	Country	Zip	Count	ry		8. This corporation has liability for i			s. 199.032,
24	25 29 30		30		Florida Statutes 🔀 Yes 🗌 No				
	g. Name and Address of Cur	rent Registered Agent				10. Name and Address of New Re	pistered	Agent	
	TCH, WILLIAM R.		8	1 Name	9				
	0 NE 8TH AVE. Cala fl 34470		Ē	2 Stree	t Addres	s (P.O. Box Number is Not Acceptab	le)		
			. 8	3					
			E	4 City			FL	85 Zir	p Code
dd Disassant	the last of Casting CO7.	DED2 and COT 1500 Florida Prote	doo the abo	1	d 000000	ation submits this statement for the p			ito registered
SIGNATURE  12.  ULE	CDS	agent and title I applicable. (NO AND DIRECTORS	13.		re required	when renstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND	DIRECTO	
NAME STREET ADDRESS			1.2 NAM 1.3 STRI	e et address	;				
City-Si-7P	OCALA FL	T PERE		CITY-\$T-ZiP				T	1.448
THE	PS MALOY, F L (ASST)	☐ DELETE	2.1 TITU					Change	e [ Addition
NAME	TEA CHILANTILANE		2.2 NAM		1				
STREET ADORESS	OCALA FL			ET ADDRESS	•				
CHY-SI-ZP	SD	DELETE		·ST-ZIP	<del></del>			Channe	e Addition
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C/TY - ST - 7/P TITLE	VS	DELETE	3.4. C(T	Y-ST-ZIP	<del> </del>			Change	Addition
	FUTCH, R. WILLIAM	C) precie						CHI CHINING	י ביין אוניים
NAME CARREST ABOUT OF	JEO OUL ANTIL ALE		4. 2 NA)		.				
STREET ADORESS	OCALA FL			ET ADDRESS	`				
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		T orrest			1			L. J Unange	YOUNGH
NAME CONTEXT ADDRESSES			6.2 NAN		.	The state of the s			
STREET ADDRESS			J	EET ADDRESS	'	- 1			
EITY - ST - ZIP		1 - 1 - 10 - 11 \ - 20 1		-ST-ZIP		Section 110 07/20/) Florida Statuto	14.36.5	continue	

I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #