

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F94000000107 (2)

1. Corporation Name

FORREC CONSTRUCTION INC.



Principal Place of Business

7600 SOUTHLAND BLVD
STE 103
ORLANDO FL 32809
US

Mailing Address

7600 SOUTHLAND BLVD
STE 103
ORLANDO FL 32809
US

3. Date Incorporated or Qualified
01/07/1994

3a. Date of Last Report
07/11/1995

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

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THORNTON, VANCE L
1528 ASPENWOOD ST
WINTER SPRINGS FL 32708

81 Name

THORNTON, VANCE L.

82

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

1025 WELLINGTON CT.

83

84 City

OVIEDO

FL

85 Zip Code
32765

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CPT
NAME EVANS, BRUCE S
STREET ADDRESS 3011 RIGEL AVE
CITY-STATE-ZIP LAS VEGAS NV

☐ DELETE

TITLE VS
NAME TURNER, MICHAEL P
STREET ADDRESS 7884 HIGH DESERT DR
CITY-STATE-ZIP LAS VEGAS NV

☒ DELETE

TITLE M
NAME THORNTON, VANCE L
STREET ADDRESS 1528 ASPENWOOD ST
CITY-STATE-ZIP WINTER SPRINGS FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

CPT
EVANS, BRUCE S.
7600 SOUTHLAND BLVD. SUITE# 103
ORLANDO, FL. 32809

☒ Change ☐ Addition

VS
SMITH, DAVID A.
P.O. BOX 10039, KEITH ROAD
BRACEBRIDGE, ONTARIO, CAN. P1L 1W6

☐ Change ☒ Addition

M
THORNTON, VANCE L.
1025 WELLINGTON CT.
OVIEDO, FL. 32765

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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

3/29/96 (407) 438-2030

CR2E034 (12/95)