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FILED
May 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **G11674** (0)
1. Corporation Name
RELIANT CONTRACTORS, INC.



Principal Place of Business
**3650 HWY 90
PACE FL 32571
US**

Mailing Address
**208 ADAMS ROAD
PACE FL 32571
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/30/1982	
21		26		4. FEI Number 59-2342417	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For ☐ Not Applicable	
22		27		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
23		28		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	
24		29			
Zip	Country	Zip	Country		
25		30			

9. Name and Address of Current Registered Agent

**MCCRANIE, JAMES G.
208 ADAMS RD.
MILTON FL 32571**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	VD
NAME	MCCRANIE, JAMES G.	1.2 NAME	BRIAN Gregory McCranie
STREET ADDRESS	208 ADAMS RD.	1.3 STREET ADDRESS	4524 Red Leaf Dr.
CITY-ST-ZIP	MILTON FL	1.4 CITY-ST-ZIP	Pace, FL. 32571
TITLE	VST	2.1 TITLE	VD
NAME	MCCRANIE, NANCY E.	2.2 NAME	JAMES Chadwick McCranie
STREET ADDRESS	208 ADAMS RD	2.3 STREET ADDRESS	3903 Adams Rd.
CITY-ST-ZIP	MILTON FL	2.4 CITY-ST-ZIP	Pace, FL. 32571
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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.

SIGNATURE:

[Handwritten Signature]

44-19-92 852-994,772

CR2E034 (10/97)