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Apr 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **G56628** (2)

1. Corporation Name
RICE BROTHERS CONSTRUCTION, INC.



Principal Place of Business

**7 PALMWOOD CT 246-3221
JACKSONVILLE BEACH FL 32250**

Mailing Address

**7 PALMWOOD CT 246-3221
JACKSONVILLE BEACH FL 32250-2968**

3. Date Incorporated or Qualified

08/24/1983

3a. Date of Last Report

02/07/1996

2. Principal Place of Business

21 **12 Ponte Vedra Circle**

Suite, Apt. #, etc.

22 City & State

23 **Ponte Vedra Beach Fla**

Zip

24 **32082**

Country

25 **USA**

2a. Mailing Address

26 **12 Ponte Vedra Circle**

Suite, Apt. #, etc.

27 City & State

28 **Ponte Vedra Beach Fla**

Zip

29 **32082**

Country

30 **USA**

4. FEI Number

59-2313250

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

9. Name and Address of Current Registered Agent

**RICE, LARRY ALAN
7 PALMWOOD CT
JACKSONVILLE BEACH FL 32250**

10. Name and Address of New Registered Agent

31 Name

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

33

34 City

FL

35 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

TITLE **PT** ☐ DELETE
NAME **RICE, LARRY ALAN**
STREET ADDRESS **7 PALMWOOD CT**
CITY-ST-ZIP **JACKSONVILLE BCH FL**

TITLE **V** ☐ DELETE
NAME **RICE, RICHARD THOMAS**
STREET ADDRESS **504-13TH ST SOUTH**
CITY-ST-ZIP **JACKSONVILLE BCH FL**

TITLE **S** ☐ DELETE
NAME **RICE, LAURI B.**
STREET ADDRESS **7 PALMWOOD CT**
CITY-ST-ZIP **JACKSONVILLE BCH FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP ☐ Change ☐ Addition

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP ☐ Change ☐ Addition

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP ☐ Change ☐ Addition

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP ☐ Change ☐ Addition

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP ☐ Change ☐ Addition

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. 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.

SIGNATURE:

Larry A. Rice
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-28-97

Date

974 280 0204

Daytime Phone #

CR2E034 (9/96)