

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2008 08:00 AM
Secretary of State

DOCUMENT # H35232

1. Entity Name
RANDCOR, INC.



Principal Place of Business
1025 ASSISI LANE
ATLANTIC BEACH, FL 32233

Mailing Address
1025 ASSISI LANE
ATLANTIC BEACH, FL 32233



04282008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2542475

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JAMES E. PITTS III
1025 ASSISI LANE
JACKSONVILLE, FL 32202

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	PITTS, JAMES E., III
STREET ADDRESS	1025 ASSISI LANE
CITY-ST-ZIP	ATLANTIC BEACH, FL
TITLE	VPT
NAME	PITTS, JANE M.
STREET ADDRESS	1025 ASSISI LANE
CITY-ST-ZIP	ATLANTIC BEACH, FL
TITLE	S
NAME	PITTS, JAMES E., III
STREET ADDRESS	1025 ASSISI LANE
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233
TITLE	VP
NAME	PITTS, RANOALL A
STREET ADDRESS	1025 ASSISI LANE
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/22/08-80041-012 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/08

Date

(904)249 6447

Daytime Phone #

JAMES E. PITTS III