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FILED

Jan 27 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 # J26129 (3)

1. Corporation Name
ROCKWELL CONSTRUCTION CORPORATION

Principal Place of Business

2420 NORTH ANDREWS AVENUE EXTENSION
SUITE 200
POMPANO BEACH FL 33064

Mailing Address

2420 NORTH ANDREWS AVENUE EXTENSION
SUITE 200
POMPANO BEACH FL 33064-2112



2. Principal Place of Business

21 Suite Apt. # etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

07/25/1986

3a. Date of Last Report

03/19/1996

4. FEI Number

59-2738767

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

SCARBOROUGH, ALBERT B.
2420 N. ANDREWS AVE.
#200
POMPANO BEACH FL 33064

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 fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME SCARBOROUGH, ALBERT B.
STREET ADDRESS 2420 N ANDREWS AVE, #200
CITY-ST-ZIP POMPANO BEACH FL

TITLE VPD ☐ DELETE

NAME ANDREWS, THOMAS
STREET ADDRESS 2420 N. ANDREWS AVE., #200
CITY-ST-ZIP POMPANO BEACH FL

TITLE S ☐ DELETE

NAME DUNDAS, LISA
STREET ADDRESS 2420 N ANDREWS AVE #200
CITY-ST-ZIP POMPANO BEACH FL

TITLE T ☐ DELETE

NAME GNESIN, JEFF
STREET ADDRESS 2420 N ANDREWS AVE #200
CITY-ST-ZIP POMPANO BEACH FL

TITLE D ☐ DELETE

NAME SPATZ, JEANNIE
STREET ADDRESS 2420 N ANDREWS AVE #200
CITY-ST-ZIP POMPANO BEACH FL

TITLE D ☐ DELETE

NAME SPATZ, GREGORY
STREET ADDRESS 2420 N ANDREWS AVE #200
CITY-ST-ZIP POMPANO BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)