FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **K56994** **(2)**

1. Corporation Name

M. E. RINKER, SR. COMPANIES, INC.

Principal Place of Business	Mailing Address
% JAMES F. JACKSON 310 OKEECHOBEE BLVD SUITE 100 WEST PALM BEACH FL 33401	% JAMES F. JACKSON 310 OKEECHOBEE BLVD SUITE 100 WEST PALM BEACH FL 33401

3. Date Incorporated or Qualified: **01/10/1989**
3a. Date of Last Report: **01/23/1995**

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: **65-0091182** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired: XX **$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: XX Yes ☐ No

9. Name and Address of Current Registered Agent

JACKSON, JAMES F.
310 OKEECHOBEE BLVD
SUITE 100
WEST PALM BEACH FL 33401

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 the person signing, 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	CD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	RINKER, MARSHALL E., SR.		1.2 NAME		
STREET ADDRESS	561 ISLAND DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH FL		1.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	2.1 TITLE		XX Change ☐ Addition
NAME	JACKSON, J. F.		2.2 NAME		
STREET ADDRESS	8084 NASHUA DR		2.3 STREET ADDRESS	1536 Breakers West Blvd.	
CITY-ST-ZIP	PALM BCH GARDENS FL		2.4 CITY-ST-ZIP	West Palm Beach, FL 33411	
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	RINKER, D.B.		3.2 NAME		
STREET ADDRESS	556 MUIRFIELD DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTIS FL		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	KOHLER, R.H.		4.2 NAME		
STREET ADDRESS	181 REDONDO WAY		4.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	RINKER, J.J.		5.2 NAME		
STREET ADDRESS	108 GLENBROOK COURT		5.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTIS FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	RINKER, MARSHALL E., JR.		6.2 NAME		
STREET ADDRESS	140 WILLADEL DR.		6.3 STREET ADDRESS		
CITY-ST-ZIP	BELLEAIR FL		6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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] M. E. Rinker, Sr. 1/18/96 407-835-9200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #