

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 06 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 # L07253 (2)
1. Corporation Name
RADICE CONSTRUCTION CORP.



Principal Place of Business

Mailing Address

222 S. 15TH
SUITE 600 N
OMAHA NE 68102

222 S. 15TH
SUITE 600 N
OMAHA NE 68102

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 68102-1628

25

29 68102-1628

30

3. Date Incorporated or Qualified

08/03/1989

4. FEI Number

25-1194781

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 P
NAME GERBER, WILLIAM J
STREET ADDRESS 222 S. 15TH ST., #600 NORTH
CITY-ST-ZIP OMAHA NE 68102

1.1 TITLE V/D
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP 68102-1628

TITLE T
NAME MACE, GEORGIA M
STREET ADDRESS 222 S. 15TH ST., #600 NORTH
CITY-ST-ZIP OMAHA NE 68102

2.1 TITLE T/D
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP 68102-1628

TITLE S
NAME KNOLLA, PETER A
STREET ADDRESS 222 S. 15TH ST., #600 NORTH
CITY-ST-ZIP OMAHA NE 68102

3.1 TITLE S/D
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP 68102-1628

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE P/D
4.2 NAME Coon, Kenneth C.
4.3 STREET ADDRESS 222 South 15th Street, Suite 600 North
4.4 CITY-ST-ZIP Omaha, Nebraska 68102-1628

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE D
5.2 NAME Nelson, John P.
5.3 STREET ADDRESS 222 South 15th Street, Suite 600 North
5.4 CITY-ST-ZIP Omaha, Nebraska 68102-1628

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 in an attachment with an address.

Georgia M. Mace

CP2E034 (10/97)