

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

FILED

Apr 30 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # L90418 (9)**  
 1. Corporation Name  
**RELIANT CONTRACTORS, REAL ESTATE DIVISION, INC.**



Principal Place of Business <b>208 ADAMS RD. MILTON FL 32571</b>	Mailing Address <b>208 ADAMS RD. MILTON FL 32571-8327</b>
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<b>3. Date Incorporated or Qualified</b> 07/20/1990	<b>3a. Date of Last Report</b> 07/16/1996
<b>4. FEI Number</b> 59-3020348	Applied For Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

<b>2. Principal Place of Business</b>	<b>2a. Mailing Address</b>
<b>21. 3650 Hwy 90</b>	<b>26. Suite, Apt. #, etc.</b>
<b>22. Suite, Apt. #, etc.</b>	<b>27. City &amp; State</b>
<b>23. Pace, FL</b>	<b>28. City &amp; State</b>
<b>24. Zip 32571</b>	<b>29. Zip</b>
<b>25. Country US</b>	<b>30. Country</b>

**9. Name and Address of Current Registered Agent**

**MCCRANIE, JAMES G.**  
**208 ADAMS RD.**  
**MILTON FL 32570**

**10. Name and Address of New Registered Agent**

<b>81. Name</b>
<b>82. Street Address (P.O. Box Number is Not Acceptable)</b>
<b>83. City</b>
<b>84. City</b> <b>Pace</b> <b>FL</b> <b>85. Zip Code</b> <b>32571</b>

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCCRANIE, JAMES G.		1.2 NAME		
STREET ADDRESS	208 ADAMS RD.		1.3 STREET ADDRESS		
CITY - ST - ZIP	MILTON FL		1.4 CITY - ST - ZIP		
TITLE	VST	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCCRANIE, NANCY		2.2 NAME		
STREET ADDRESS	208 ADAMS RD.		2.3 STREET ADDRESS		
CITY - ST - ZIP	MILTON FL		2.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP			3.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			4.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP			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:**  **NANCY E. MCCRANIE** **4-22-97** **904-994-7720**

CR2E034 (9/96)