

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 28 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # N29474 (6)**

1. Corporation Name

M.E. RINKER, SR. FOUNDATION, INC.

Principal Place of Business

Mailing Address

**C/O JAMES F. JACKSON
310 OKEECHOBEE BLVD SUITE 100
WEST PALM BEACH FL 33401-6432****C/O JAMES F. JACKSON
310 OKEECHOBEE BLVD SUITE 100
WEST PALM BEACH FL 33401-6432**3. Date Incorporated or Qualified
11/29/19883a. Date of Last Report
01/25/1996

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

25

29

30

4. FEI Number

65-0088775

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

10. Name and Address of New Registered Agent

**JACKSON, JAMES F.
310 OKEECHOBEE BOULEVARD
SUITE 100
WEST PALM BEACH FL 33401-6432**

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 617.0502 and 617.1508, 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 617.0503, 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 **CT** ☒ DELETE
NAME **RINKER, MARSHALL E., SR.**
STREET ADDRESS **561 ISLAND DR.**
CITY - ST - ZIP **PALM BEACH FL**1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIPTITLE **PT** ☐ DELETE
NAME **RINKER, DAVID B.**
STREET ADDRESS **556 MUIRFIELD DR.**
CITY - ST - ZIP **ATLANTIS FL**2.1 TITLE **C/P/T** ☐ Change ☒ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIPTITLE **VT** ☐ DELETE
NAME **RINKER, JOHN J.**
STREET ADDRESS **108 GLENBROOK COURT**
CITY - ST - ZIP **ATLANTIS FL**3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIPTITLE **VT** ☐ DELETE
NAME **RINKER, MARSHALL E., JR.**
STREET ADDRESS **140 WILLADEL DR**
CITY - ST - ZIP **BELLEAIR FL**4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIPTITLE **ST** ☐ DELETE
NAME **JACKSON, J.F.**
STREET ADDRESS **1536 BREAKERS WEST BLVD.**
CITY - ST - ZIP **WEST PALM BEACH FL**5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIPTITLE **TT** ☐ DELETE
NAME **KOHLER, R. H.**
STREET ADDRESS **181 REDONDO WAY**
CITY - ST - ZIP **W PALM BCH FL**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 617, 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 # 0038210

CR2E037 (9/96)