		<del>-</del>		T.
DOCUMENT # P00000110463				
1. Entity Name R Construction Corporation of Ellenton				FILED
D-ii  Di	/ Position			00 JAN -6 AM 10: 40
Frincipal Plac	ce of Business	Mailing Address	t1 8	SECRETARY OF STATE
Chenton Ha.		704 44-Ave C		TALLAHASSEE, FLORIDA
		Ellenton J	-la 342i	22
2. Principal Place of Business		3. Mailing Address		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	1	DO NOT WRITE IN THIS SPACE
City & Stat	te "	City & State		4. FEI Number Applied For Not Applied For Not Applicable
Zip	Country	Zìp	Country	5. Certificate of Status Desired \$8.75 Additional
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
Thomas G. Rollins			Name	
any 44 th Ave E			Street Add	fress (P.O. Box Number is Not Acceptable)
211	1 212	34222		
Clle	wton I (a	<i>y</i> (	City	FL Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.				
SIGNATURE				
	Signature, typed or printed name of registered agent a	Gazz Sandri sara e Gazzanea e Arra e Arr	. Registered Agent signature i	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  SILE NOW!!! FEE IS \$1:  After MAY 1, 2000 Fee will be Make Check Payable to Departm			00 Fee will be \$550	0.00 Trust Fund Contribution Added to Fees
11.	OFFICERS AND	DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME	Thomas G. Roll	™ S □ Delete	TITLE NAME	Change Addition
STREET ADDRESS CITY-ST-ZIP	904 44the	a 34222	STREET ADDRESS CITY-ST-ZIP	
TITLE	V- Pres - Sec/Tree		TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS	Eurston Rolling	<b>43</b>	NAME STREET ADDRESS	
CITY-ST-ZIP	Ellenton Ho	2 34212	CITY-ST-ZIP	
TITLE NAME	Director	☐ Delete	TITLE NAME	<u> </u>
STREET ADDRESS	3405,20131.1		STREET ADDRESS	****150.00 ****150.00
CITY-ST-ZIP	Bradenton +	<u>                                     </u>	CITY-ST-ZIP	☐ Change ☐ Addition
NAME	Oscar Miller	Delete	NAME	Change Adultion
STREET ADDRESS CITY-ST-ZIP	315 36th St.C.	======================================	STREET ADDRESS CITY-ST-ZIP	
TITLE	4444	☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS	·
CITY-ST-ZIP	- T- VA		CITY-ST-ZIP	99.91
TITLE NAME		☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	
13. I hereby o	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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.				
SIGNATURE: Thomas 5. Hollins Nov 30 1999 941-720-1083				
	SIGNATURE AND TYPED OR PR	IN IEU NAME OF SIGNING OFFICER O	K DIRECTOR	Date Daytime Phone #

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