FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortnam

Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT # 1. Corporation Name

P93000017604 (8)

RC LAND ENGINEERING, PROFESSIONAL ASSOCIATION

Principal Place of Business 5150 S. FLORIDA AVE. SUITE C-7 LAKELAND FL 33813 US		Mailing Address P. O. BOX 5095 LAKELAND FL 33807 US					
					Date Incorporated or Qualified 03/04/1993	3a. Date of Last Report 07/03/1995	i
2. Principal P	face of Business	2a. Mailing Address			4. FEI Number	l	ed For
Suite, Apt.	#. etc	26			59-3182637		Applicable
22		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Add	ditional
City & State		City & State			<u> </u>	Fee Requ	
23		28			Election Campaign Financing Trust Fund Contribution	□ \$5.00 Ma	ау Ве
Zip 24	Country	Zip	Country		8. This corporation has liability for in	Agged to F	naa
24	25 9. Name and Address of Curre	29	30		Florida Statutes 🔲 Yes	□No	032,
	J. Hamo and Address of Curre	mit negistered Agent			10. Name and Address of New Re	gistered Agent	
CACULI	TAN, ROGER L		81	Name			
	FLORIDA AVE.		82	Street Addre	ess (P.O. Box Number is Not Acceptable)	
SUITE (83				
LAKELA	ND FL 33813						
			84	City	· · · · · · · · · · · · · · · · · · ·	FL 85 Zip Cod	le le
SIGNATURE	is and accept the dollgations of, 500	tion 607.0505, Florida Stalutes			ition submits this statement for the purp I of directors. Thereby accept the appoin	ose of changing its registe Itment as registered agen	ired office it. Lam
12.	Styriatize (speed or posted name of registered upor		lt. Registere J Agend	Signal action made		DAIL	
THEF	P	ID DIRECTORS	13.	· 	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN	12
NAME	CACULITAN, ROGER L.	veec /t	1.1 TiTLE			Change	Addition
STREET ADDRESS	5150 S. FLORIDA AVE., C-4		1.2 NAME 1.3 STREET A	(SIDDICING			
CHTY-ST-ZIP	LAKELAND FL		14 C/TY-SI				
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NAME			2.2 NAME	1		Change []	Addition
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IAME		<u> </u>	5.2 NAME			Change 🔲 A	Add:tion
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AME		_	6.2 NAME			Change A	ddition
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617: \$1.2P

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 frue and accurate and that my signature shall have the same legal effect as if made under appears in Block 12 or Block 13 if Changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

That Back 12 or Block 13 if Changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

That Back 12 in Block 12 in Block 13 if Changed in Block 12 or Block 13 if Changed in Block 12 or Block 12 or Block 13 if Changed in Block 12 or Block 12 or Block 13 if Changed in Block 12 or Block 13 if Changed in Block 12 or Block 1

6.4 CiTY-ST ZiP