

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000043400 (9)**

1. Corporation Name
K.R.C. CONSTRUCTION, INC.



Principal Place of Business: **115 CAMDEN ROAD PENSACOLA FL 32534**
Mailing Address: **115 CAMDEN ROAD PENSACOLA FL 32534**

3. Date Incorporated or Qualified: **06/10/1993**
3a. Date of Last Report: **04/18/1995**
4. FFL Number: **59-3190113**
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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent: **COOK, KAY R 115 CAMDEN ROAD PENSACOLA FL 32534**
10. Name and Address of New Registered Agent: 81-84

11. Pursuant to the provisions of Sections 607.0607 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 I accept the obligations of, Section 607.0609, Florida Statutes.

SIGNATURE: *Kay R Cook* DATE: **4-1-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	<input checked="" type="checkbox"/> DELETE	1. TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: COOK, GARY M		2. NAME: DON R. LARSEN	
STREET ADDRESS: 115 CAMDEN ROAD		3. STREET ADDRESS: 5806 MARGARETTA BLVD	
CITY-STATE-ZIP: PENSACOLA FL		4. CITY-STATE-ZIP: PENSACOLA, FL	
TITLE: D	<input type="checkbox"/> DELETE	5. TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: COOK, WILLIS M III		6. NAME: ROY T. TUMBLER	
STREET ADDRESS: 415-B HANNAH ST		7. STREET ADDRESS: 4506 DEAUVILLE WAY	
CITY-STATE-ZIP: PENSACOLA FL		8. CITY-STATE-ZIP: PENSACOLA, FL	
TITLE: D	<input checked="" type="checkbox"/> DELETE	9. TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: HENDERSON, CLARENCE S		10. NAME: DON R. LARSEN	
STREET ADDRESS: 1404 N. 49TH AVE.		11. STREET ADDRESS: 5806 MARGARETTA BLVD	
CITY-STATE-ZIP: PENSACOLA FL		12. CITY-STATE-ZIP: PENSACOLA, FL	
TITLE: D	<input type="checkbox"/> DELETE	13. TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: HENDERSON, CLARENCE S		14. NAME: ROY T. TUMBLER	
STREET ADDRESS: 1404 N. 49TH AVE.		15. STREET ADDRESS: 4506 DEAUVILLE WAY	
CITY-STATE-ZIP: PENSACOLA FL		16. CITY-STATE-ZIP: PENSACOLA, FL	
TITLE: D	<input type="checkbox"/> DELETE	17. TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: HENDERSON, CLARENCE S		18. NAME: ROY T. TUMBLER	
STREET ADDRESS: 1404 N. 49TH AVE.		19. STREET ADDRESS: 4506 DEAUVILLE WAY	
CITY-STATE-ZIP: PENSACOLA FL		20. CITY-STATE-ZIP: PENSACOLA, FL	
TITLE: D	<input type="checkbox"/> DELETE	21. TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: HENDERSON, CLARENCE S		22. NAME: ROY T. TUMBLER	
STREET ADDRESS: 1404 N. 49TH AVE.		23. STREET ADDRESS: 4506 DEAUVILLE WAY	
CITY-STATE-ZIP: PENSACOLA FL		24. CITY-STATE-ZIP: PENSACOLA, FL	

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 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: *Don R. Larsen* DATE: **4-1-96** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **DON R. LARSEN** 904 457-1021

CR2E034 (12/95)