CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # P94000015597 (5)

1. Corporation Name

WILHOIT CONSTRUCTION, INC.

RECEIVED AND FILED
95 MAY -1 PM 6:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500001473175
-05/03/95--01068--025
****200.00 ****200.00
DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1118 PINECREST DR. TALLAHASSEE FL 32301	1118 PINECREST DR. TALLAHASSEE FL 32301

3. Date Incorporated or Qualified: 02/25/1994
3a. Date of Last Report:

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc (22) (27)
City & State (23) (28)
Zip (24) (29) Country (25) (30)

4. FEI Number: 59-3230924 ☐ 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

WILHOIT, CORRY R
1118 PINECREST DR.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when qualifying)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	President,Director	☑ Change ☐ Addition
NAME	WILHOIT, CORRY R	12 NAME	Sherri Gay Wilhoit	
STREET ADDRESS	1118 PINECREST DR.	13 STREET ADDRESS	1118 Pinecrest Drive	
CITY ST ZIP	TALLAHASSEE FL 32301	14 CITY ST ZIP	Tallahassee, FL 32301	
TITLE	STD	21 TITLE	Secretary/Treasurer/Director	☑ Change ☐ Addition
NAME	WILHOIT, SHERRI G	22 NAME	Corry R. Wilhoit	
STREET ADDRESS	1118 PINECREST DR.	23 STREET ADDRESS	1118 Pinecrest Drive	
CITY ST ZIP	TALLAHASSEE FL 32301	24 CITY ST ZIP	Tallahassee, FL 32301	
TITLE		31 TITLE	Vice President	☐ Change ☑ Addition
NAME		32 NAME	Alan Walker	
STREET ADDRESS		33 STREET ADDRESS	2441 Monaco Drive	
CITY ST ZIP		34 CITY ST ZIP	Tallahassee, FL 32308	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

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)(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: Sherri Gay Wilhoit 3-9-95 904-877-1715
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
SHERRI GAY WILHOIT

0026224 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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

APPROVED AND FILED
95 MAY -1 AM 10: 03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # [redacted] P94000015896

1. Corporation Name

RSA ADMINISTRATORS, INC.

0000014785 10
-05/08/95--01033--014
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
101 N. Ocean Drive Apt. 503-4 Hollywood, FL 33019	101 N. Ocean Drive Apt. 503-4 Hollywood, FL 33019

3. Date Incorporated or Qualified: February 28, 1994
3a. Date of Last Report:

4. FEI Number: 65-0473632 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business		2a. Mailing Address	
21		26	
22 Suite, Apt. #, etc		27 Suite, Apt. #, etc	
23 City & State		28 City & State	
24 Zip	25 Country	29 Zip	30 Country

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
	81 Name: Deborah S. Kowalsky, ESq.
	82 Street Address (P.O. Box Number is Not Acceptable): 2501 Hollywood Blvd., Suite 206
	83
	84 City: Hollywood, FL 85 Zip Code: 33020

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 [signature] Deborah S. Kowalsky 4/20/95
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	DIRECTOR/Pres/Sec/Treasurer	11 TITLE	☐ Change ☐ Addition
NAME	RICHARD J. SCHECHER	12 NAME	
STREET ADDRESS	101 N. Ocean Drive, Apt. 503-4	13 STREET ADDRESS	
CITY ST ZIP	Hollywood, FL 33019	14 CITY ST ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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SIGNATURE: [signature] President 4/20/95 1-800-600-7424

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: RICHARD J. SCHECHER PRESIDENT
Date Daytime Phone #