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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Modhani

Secretary of State DIVISION OF CORPORATIONS

1996

P94000019652 (4) DOCUMENT # Corporation Name

R.P.O. CONSTRUCTION, INC.

Principal Place of Business Mailing Address 503 N. ORLANDO AVE. 503 N. ORLANDO AVE. SUITE 105 SUITE 105 COCOA BEACH FL 32931 COCOA BEACH FL 32931 3. Date incorporated or Qualified 3a. Date of Last Report 03/11/1994 07/13/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number **Applied For** 59-3252978 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired \mathbf{r} 22 27 Fee Required City & State Oty & State 6. Election Campaign Financing **\$5.00** May Be \Box 23 28 Trust Fund Contribution Added to Fees Country Country Zip 210 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes X Yes □ No 24 25 29 30 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SHOEMAKER, JOHN B Street Address (P.O. Box Number is Not Acceptable) 82 503 N. ORLANDO AVE. 503 N. ORLANDO AVENUE, SUITE 105 83 COCOA BEACH FL 32931 84 City Zip Code 85 COCOA BEACH 32931 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 objections of, Section 607.0505, Florida Statutes. John B. Shoemaker SIGNATURE gistered Ager Esignature required when receil ting OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETÉ TITLE P/D Change 1 1 T:TLE KODSI, ALBERT KODSI, ALBERT NAME 1.2 NAME 503 N. ORLANDO AVE., STE. 105 503 N. ORLANDO AVE., STE. 105 STREET ADDRESS 13 STREET ADDRESS COCOA BEACH FL 32931 COCOA BEACH, FL 32931 CHY-ST-ZIP 14 CITY - ST - ZIP Addition THILE DELETE 2 1 11'18 Change SHOEMAKER, JOHN B NAME 2.2 NAME 503 N. ORLANDO AVE. #105 STREET ADDRESS 2.3 STREET ADDRESS COCOA BEACH FL CITY - SY- ZIP 24 CITY - ST - Z-P []] DELETE TITLE 3 1 TI'LE Change Addition PLUM, VICTORIA NAME 3.2 NAMI 503 N. ORLANDO AVE., #105 STREET ADDRESS 3.3 STREET ADDRESS COCOA BEACH FL 32931 CITY - ST - 2IP 3.4 CITY - \$1 - Z-P DELETE TITLE Change 4 1 1000 ☐ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STHEET ADDRESS

14. I do hereby certify that the information supplied with this fung is voluntarily furnished and does not qualfy 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

4.4 CITY - \$1 - 7P

5.3 STHEET ADDRESS

6.3 STHEET ADDRESS

6.4 City St. 7iP

5.4 CITY - ST - ZIP

5 1 THILE

5.2 NAME

6 1 THLE

6.2 NAME

SIGNATURE:

CITY - ST - ZIP

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

CITY - ST- ZIP

TITLE

NAME

TITLE

NAME

John B. Shoemaker AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

DELETE

4077843262

☐ Change

☐ Change

Addition

Addition

(12/95) CR2E034