FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000063545 (5)**

1. Corporation Name

RE-MARCOR ENTERPRISES, INC.

Principal Place of Business

120 SUMMERFIELD DR
PONTE VEDRA BEACH FL 32082

Mailing Address

120 SUMMERFIELD DR
PONTE VEDRA BEACH FL 32082

3. Date Incorporated or Qualified: **08/29/1994**

3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21 Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address
26 **P.O. BOX 2421**
Suite, Apt. #, etc. 27
City & State 28 **PONTE VEDRA BEACH, FL**
Zip 29 **32004-2421** Country 30

4. FEI Number: **59-3264839** ☐ 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

GIRARDI, MARK E
120 SUMMERFIELD DR
PONTE VEDRA BEACH FL 32082

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: Mark E Girardi — MARK E. GIRARDI — DATE: 4/25/96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPT	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GIRARDI, MARK E		1.2 NAME		
STREET ADDRESS	120 SUMMERFIELD DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082		1.4 CITY-ST-ZIP		
TITLE	DVS	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SWEITZER, DANIEL B		2.2 NAME		
STREET ADDRESS	3322 HERON DR N		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32250		2.4 CITY-ST-ZIP		
TITLE	DVS	☐ DELETE	3.1 TITLE	DVS	☒ Change ☐ Addition
NAME	GIRARDI, CORRIE M		3.2 NAME	GIRARDI, CORRIE M.	
STREET ADDRESS	120 SUMMERFIELD DR.		3.3 STREET ADDRESS	SAME ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH FL		3.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	4.1 TITLE	DV	☒ Change ☐ Addition
NAME	GIRARDI, EARL F		4.2 NAME	GIRARDI, EARL F.	
STREET ADDRESS	411 VALLEY RD.		4.3 STREET ADDRESS	SAME ADDRESS	
CITY-ST-ZIP	NEWARK DE		4.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	5.1 TITLE	DV	☒ Change ☐ Addition
NAME	GIRARDI, RITA P		5.2 NAME	GIRARDI, RITA P	
STREET ADDRESS	411 VALLEY RD.		5.3 STREET ADDRESS	SAME ADDRESS	
CITY-ST-ZIP	NEWARK DE		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: Mark E Girardi — 4/25/96 — (904) 285-5884
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #