## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State \* DIVISION OF CORPORATIONS 1996 P95000085905 (4) **DOCUMENT #** ROYAL PALM CULVERT, INC. Principal Place of Business Mailing Address 12740 KAZEE ROAD 12740 KAZEE ROAD LOXAHATCHEE FL 33470 LOXAHATCHEE FL 33470 3a. Date of Last Report 3. Date Incorporated or Qualified 11/07/1995 4. EE! Number Applied For 2a. Mailing Address 2. Principal Place of Business 65-0619497 Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc 5. Certificate of Status Desired $\Box$ Fee Required 22 6. Election Campaign Financing \$5.00 May Be City & State City & State Trust Fund Contribution Added to Fees 23 28 8. This corporation has liability for intangible tax under s. 199.032, Country Ζip Country ☐ Yes **□X** No 29 30 Elorida Statutes 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CROSBY, SUZANNE A Street Address (P.O. Box Number is Not Acceptable) 82 12740 KAZEE ROAD 83 LOXAHATCHEE FL 33470 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 agent, or both, in the State of Fords. Such charge 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. its the Registered Agent agreetice respire 1 state for stating Signature, system or croshed out to of the protect is apport and the interpretation CR2E034 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition □ DELETE 1 1 THUE TITLE President 1.2 NAME NAME John C. Bunn 1.3 STREET ADDRESS STREET ADDRESS 12740 Kazee Road 1.4 CiTY - ST - ZiF CITY-S1-ZP Loxahatchee, FL 33470 Change DELETE 2 1 THE Addition TITLE Vice-President 2.2 NAME NAME Suzanne A. Crosby 12740 Kazee Road 2.3 STREET ADDRESS STREET ADDRESS Loxahatchee, FL 33470 24 CITY - ST - Z-P CITY - ST - ZIP Change Addition. [] DELETE 3 1 HELE TITLE NAME 3.2 NAME 33 STHEET ADDRESS STREET ADDRESS 3.4 CHY-ST ZIP CITY-S1-7IF Add-tion DELF TE 4.1 1/10 T:TLE 4.2 NAME NAME 200001825572 -05/16/96--01114--047 4.3 STREET ADDRESS STREET ADDRESS 44 CITY ST-ZIP C:TY-ST-ZiP \*\*\*200.00 DELETE ☐ Change Addition 5 1 11 LF TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 City St-2iP CITY-ST-ZIP Add-tion DELETE 6 1 TITLE TITLE 6.2 NAME NAME 6 3 STREET ADDRESS STREET ADDRESS € 4 CHTY - ST. ZIP CHTY-ST-ZIP 14. To hereby certify that the information supplied with this filting 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 of 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 of Block 13 if changes, or on a attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4/22/96

407/790-7473

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