

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000085909 (6)

1. Corporation Name

RENCOHT CORPORATION

Principal Place of Business

196 DOUGLAS POINTE DRIVE
BAINBRIDGE GA 31717
US

Mailing Address

196 DOUGLAS POINTE DRIVE
BAINBRIDGE GA 31717

2. Principal Place of Business

21 3185-C Cap. Cir. N.E.
Suite, Apt. #, etc.

22 City & State

23 Tallahassee FL
Zip Country

24 32308 25 LEON

2a. Mailing Address

26 3185-C Cap. Cir. N.E.
Suite, Apt. #, etc.

27 City & State

28 Tallahassee FL
Zip Country

29 32308 30 LEON

3. Date Incorporated or Qualified

11/08/1995

3a. Date of Last Report

04/19/1996

4. FEI Number

59-3342202

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

RAX CO.
% MAHONEY ADAMS CRISER, P.A.
50 NORTH LAURA STREET 3400 BARNETT CENTER
JACKSONVILLE FL

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

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VP
NAME COTHREN, RANDALL E
STREET ADDRESS 196 DOUGLAS POINTE DRIVE
CITY-ST-ZIP BAINBRIDGE GA

TITLE VP
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE P President ☒ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE VP Vice President ☐ Change ☒ Addition
22 NAME COTHREN, Deborah M.
23 STREET ADDRESS 196 Douglas Pointe Dr
24 CITY-ST-ZIP Bainbridge, GA 31717

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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:

RANDALL E. COTHREN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-97

Date

904-531-0121

Daytime Phone #

CR2E034 (9/96)