

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90015 037 ***150.00

DOCUMENT # P95000094824

1. Corporation Name
RETCOR, INC.

Principal Place of Business
53 SAILFISH DRIVE
PONTE VEDRA BEACH FL 32082

Mailing Address
53 SAILFISH DRIVE
PONTE VEDRA BEACH FL 32082



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/12/1995	
21		26		4. FEI Number 59-3347614	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent

GARRARD, O.J. III
6828 ST AUGUSTINE RD
JACKSONVILLE FL 32217

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	President
NAME	TINSLEY, CURTIS R	1.2 NAME	Todd TINSLEY
STREET ADDRESS	53 SAILFISH DRIVE	1.3 STREET ADDRESS	11459 MANDARIN GLEN Circle
CITY-ST-ZIP	PONTE VEDRA BCH FL	1.4 CITY-ST-ZIP	JACKSONVILLE FL
TITLE	VPD	2.1 TITLE	VPD
NAME	TINSLEY, TODD	2.2 NAME	CURTIS R. TINSLEY
STREET ADDRESS	11459 MANDARIN GLEN CIRCLE	2.3 STREET ADDRESS	53 SAILFISH DRIVE
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	PONTE VEDRA BEACH FL
TITLE	VPD	3.1 TITLE	
NAME	TINSLEY, SCOTT	3.2 NAME	
STREET ADDRESS	1230 PENMAN ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE BCH FL	3.4 CITY-ST-ZIP	
TITLE	STD	4.1 TITLE	
NAME	TINSLEY, ARLENE M	4.2 NAME	
STREET ADDRESS	53 SAILFISH DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BCH FL	4.4 CITY-ST-ZIP	
TITLE	CB	5.1 TITLE	
NAME	TINSLEY, RONALD E	5.2 NAME	
STREET ADDRESS	53 SAILFISH DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/99 904285-4540
Date Daytime Phone #

CR2E034 (11/98)