

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

FILED

Feb 25 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 # P96000002749 (5)

1. Corporation Name
R.E.C. CONSTRUCTION, INC.



Principal Place of Business
541 E MONROE ST
JACKSONVILLE FL 32202

Mailing Address
541 E MONROE ST
JACKSONVILLE FL 32202-2838

3. Date Incorporated or Qualified
01/04/1996

3a. Date of Last Report

2. Principal Place of Business
21. R.E.C. Construction, Inc.
4241-4 Baymeadows Road
Jacksonville, FL 32217
(904) 730-2300

2a. Mailing Address
26. R.E.C. Construction, Inc.
4241-4 Baymeadows Road
Jacksonville, FL 32217
(904) 730-2300

4. FEI Number
59-3354671

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

23. Jacksonville, Fla.
24. Zip 32217
25. Country USA

28. Jacksonville, Fla.
29. Zip 32217
30. Country USA

9. Name and Address of Current Registered Agent

FLETCHER, DAVID R
541 E MONROE ST
JACKSONVILLE FL 32202

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
FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FLETCHER, DAVID R	
STREET ADDRESS	541 E MONROE ST	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director/President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Roger E. Cohen	
1.3 STREET ADDRESS	4442 Goolbys Hideaway Drive North	
1.4 CITY-ST-ZIP	Jacksonville, Fla. 32217	
2.1 TITLE	Vice-President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Sondra B. Cohen	
2.3 STREET ADDRESS	4442 Goolbys Hideaway Drive North	
2.4 CITY-ST-ZIP	Jacksonville, Florida 32217	
3.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	David R. Fletcher	
3.3 STREET ADDRESS	541 East Monroe Street	
3.4 CITY-ST-ZIP	Jacksonville, Fla. 32217	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

1-14-97 (904) 730-2300

CR2E034 (9/96)