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PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **P96000029182 (8)**

1. Corporation Name

R & R CONSTRUCTION OF DEFUNIAK SPRINGS INC.

Principal Place of Business	Mailing Address
3094 CORBIN-GAINEY ROAD DEFUNIAK SPRINGS FL 32433	3094 CORBIN-GAINEY ROAD DEFUNIAK SPRINGS FL 32433

3. Date Incorporated or Qualified	3a. Date of Last Report
03/27/1996	

2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26		**59-3173597**	Not Applicable
22 Suite Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired ☒	**$8.75** Additional Fee Required
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
24 Zip	25 Country	29 Zip	30 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent	
INFINGER, RICK 3094 CORBIN-GAINEY ROAD DEFUNIAK SPRINGS FL 32433	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **P** ☐ DELETE NAME **INFINGER, RICK** STREET ADDRESS **3094 CORBIN-GAINEY ROAD** CITY-ST-ZIP **DEFUNIAK SPRINGS FL 32433**		1.1 TITLE **V●** 1.2 NAME **INFINGER, RANDY** 1.3 STREET ADDRESS **3094 CORBIN-GAINEY ROAD** 1.4 CITY-ST-ZIP **DEFUNIAK SPRINGS FL 32433**	☐ Change ☒ Addition
TITLE **S** ☐ DELETE NAME **INFINGER, VIRGINIA** STREET ADDRESS **3094 CORBIN-GAINEY ROAD** CITY-ST-ZIP **DEFUNIAK SPRINGS FL 32433**		2.1 TITLE **T** 2.2 NAME **FOREMAN THOMAS** 2.3 STREET ADDRESS **3094 CORBIN GAINEY ROAD** 2.4 CITY-ST-ZIP **DEFUNIAK SPRINGS FL 32433**	☐ Change ☒ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

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.

SIGNATURE: _Ruby Collmier_ REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   4/27/97   904-892-5560

Date   Daytime Phone #