SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # S10102 (9) R & C O'NEILL COMPANY, INC. Principal Place of Business Mailing Address 10251 S.E. 139TH PLACE 10251 S.E. 139TH PLACE SUMMERFIELD FL 32691 SUMMERFIELD FL 32691 3. Date Incorporated or Qualified 3a. Date of Last Report 11/01/1990 04/25/1995 Principal Place of Business 2a. Mailing Address 4. FEI Number 21 Applied For 26 59-3059085 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing 23 \$5.00 May Be 28 Trust Fund Contribution Zip Added to Fees Country Zio Country This corporation has liability for intangible lax under s. 199 032 24 25 29 30 Florida Statutes Yes 📈 No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent BRAYTON, MICHAEL D. 81 Name 3814 S.W. 143RD LANE ROAD Street Address (P.O. Box Number is Not Acceptable) 82 **OCALA FL 32673** 83 84 City 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. I am larguar with, and accept the obligations of Section 607.0505. Florida Statutes. SIGNATURE (NOTE RE g stered Agent's gnature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PSD (36/8)DELETE 1.1 TIFLE Change Addition NAME O'NEILL, CHARLES T. 1.2 NAME 10251 S.E. 139TH PLACE CR2E034 STHEET ADDRESS 1.3 STREET ADDRESS SUMMERFIELD FL CITY-ST-ZIP 1.4 CITY - ST - 2IP TITLE VTD DELETE 2 1 THE Change Addition O'NEILL, RUTH A. NAME 22 NAME 10251 S.E. 139TH PLACE STREET ADDRESS 2.3 STREET ADDRESS SUMMERFIELD FL CITY - ST - ZIP 2 4 CrTY - ST- ZIP TITLE DELFTE 31 TITLE Change Addition NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34 CHY-ST-ZP TITLE DELETE 4.1 THILE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY - ST - ZIP TITLE DELETE 5 1 TITLE Change Addition NAME 5 2 NAME STREET ADDRESS 5.3 STHEET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - 7:P TITLE DELETE 6 1 TITLE Change Addition NAME 6 2 NAME STREET ADDRESS 63 STREET ADDRESS 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes 1 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 each, that I am an officer or director of the corporation or the receiver or trustee enipowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 13 if changed, or on an attachment with an address. CITY-ST-ZIP SIGNATURE: