SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 AUG -7 AM 11:12
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **S54124** **(0)**

1. Corporation Name
MRE CONTRACTING, INC.

Principal Place of Business	Mailing Address
600 SE 56TH AVE. OCALA FL 34471 US	600 SE 56TH AVE. OCALA FL 34471 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/20/1991
3a. Date of Last Report: 08/11/1994

2. Principal Place of Business
21: 15 Banyan Course
22: Suite, Apt. #, etc.
23: City & State: Ocala FL
24: Zip: 34472 25: Country: Marion

2a. Mailing Address
26: PO Box 1859
27: Suite, Apt. #, etc.
28: City & State: Silver Springs, FL
29: Zip: 34489 30: Country: Marion

4. FEI Number: 59-3071312 ☐ 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

EDWARDS, MICHAEL R.
600 SE 56TH AVE.
OCALA FL 32671

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 _____ DATE
Signature, Typed or Printed name of Registered Agent and Title if Applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	11 TITLE	P	☒ Change ☐ Addition
NAME	EDWARDS, MICHAEL R.	12 NAME		
STREET ADDRESS	600 SE 56TH AVE	13 STREET ADDRESS		
CITY ST ZIP	OCALA FL	14 CITY ST ZIP		
TITLE	ST	21 TITLE		☐ Change ☐ Addition
NAME	EDWARDS, SHERRY R	22 NAME		
STREET ADDRESS	600 SE 56 AVE	23 STREET ADDRESS		
CITY ST ZIP	OCALA FL	24 CITY ST ZIP		
TITLE	EVP	31 TITLE		☐ Change ☐ Addition
NAME	TAYLOR, TODD	32 NAME		
STREET ADDRESS	1710 N. TROY	33 STREET ADDRESS		
CITY ST ZIP	INVERNESS FL	34 CITY ST ZIP		
TITLE		41 TITLE	V	☐ Change ☒ Addition
NAME		42 NAME	R. L. BEARD	
STREET ADDRESS		43 STREET ADDRESS	5570 NW 58th St.	
CITY ST ZIP		44 CITY ST ZIP	Ocala FL 34482	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

CR2E034 (3/95)

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. 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: Michael R. Edwards Michael R. Edwards 8/1/95 (904) 694-7909
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0166473 FP