FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # S71679

1. Corporation Name
R. MAHAN CONST. + POOLS, INC.

Principal Place of Business
26614 W. Hwy. 27
High Springs
Florida 32643

Mailing Address
P.O. Box 1177
High Springs
Florida 32655

2. Principal Place of Business
21 SAME AS ABOVE
Suite, Apt. #, etc
22 —
City & State
23 —
Zip
24 —
Country
25 USA

2a. Mailing Address
26 SAME AS ABOVE
Suite, Apt. #, etc.
27 —
City & State
28 —
Zip
29 —
Country
30 USA

3. Date Incorporated or Qualified: AUGUST 5, 1991
3a. Date of Last Report: MAY 1995
4. FEI Number: 59-3115869
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
RONALD M. MAHAN SR.
26614 W. Hwy 27
High Springs,
FLORIDA 32643

10. Name and Address of New Registered Agent
81 Name: RONALD M. MAHAN
82 Street Address (P.O. Box Number is Not Acceptable): 26614 W. Hwy 27
83
84 City: High SPRINGS, FL
85 Zip Code: 32643

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 X Ronald M Mahan Sr — 5/20/96
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	PRESIDENT ☐ DELETE	1.1 TITLE	PRESIDENT ☐ Change ☑ Addition
NAME	RONALD MAHAN SR	1.2 NAME	RONALD M. MAHAN SR.
STREET ADDRESS	PO BOX 1177	1.3 STREET ADDRESS	26614 W. Hwy. 27
CITY-ST-ZIP	HIGH SPRINGS FL 32655	1.4 CITY-ST-ZIP	High Sprgs. FLORIDA 32643
TITLE	VICE PRESIDENT ☐ DELETE	2.1 TITLE	VICE PRESIDENT ☐ Change ☑ Addition
NAME	RONALD M MAHAN JR	2.2 NAME	RONALD M. MAHAN JR.
STREET ADDRESS	8230 BANYAN COVE	2.3 STREET ADDRESS	8730 BANYAN COVE CR.
CITY-ST-ZIP	FT. MYERS, FL 33919	2.4 CITY-ST-ZIP	FT. MYERS, FLA 33919
TITLE	SECRETARY-TREASURER ☐ DELETE	3.1 TITLE	SECRETARY/TREASURER ☐ Change ☑ Addition
NAME	KAREN S. MAHAN	3.2 NAME	KAREN S. MAHAN
STREET ADDRESS	P.O. BOX 1177	3.3 STREET ADDRESS	26614 W. Hwy 27.
CITY-ST-ZIP	High SPRINGS, FL 32655	3.4 CITY-ST-ZIP	High Sprgs., FLORIDA 32643
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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***8.75

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-07/17/96--01090--042
***225.00

7/17

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: Ronald M. Mahan Sr. - RONALD M. MAHAN SR. 5/20-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)