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Jan 16 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 # V53248

(3)

1. Corporation Name  
RESCHKE CONSTRUCTION, INC.

Principal Place of Business

ROUTE 2 BOX 213 2474 THORNTON RD.  
STEVE ROBERTS SPECIAL  
ZOLFO SPRINGS FL 33880

Mailing Address

ROUTE 2 BOX 213  
STEVE ROBERTS SPECIAL  
ZOLFO SPRINGS FL 33880-9802

NEW ADDRESS

2474 Thornton Rd  
Zolfo Spr  
33890



3. Date Incorporated or Qualified  
07/23/1992

3a. Date of Last Report  
02/14/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

9. Name and Address of Current Registered Agent

RESCHKE, WILLIAM F.  
RT-2 BOX 213 2474 THORNTON RD  
STEVE ROBERTS SPECIAL  
ZOLFO SPRINGS FL 33880

4. FEI Number

65-0354298

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 ☒

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME RESCHKE, WILLIAM F.  
STREET ADDRESS RT-2 BOX 213 2474 THORNTON ROAD  
CITY-ST-ZIP ZOLFO SPRINGS FL

TITLE DST  
NAME RESCHKE, DOLORES J.  
STREET ADDRESS RT-2 BOX 213 2474 THORNTON RD.  
CITY-ST-ZIP ZOLFO SPRINGS FL

TITLE DV  
NAME RESCHKE, JOHN E.  
STREET ADDRESS 1180 NW KNOLLWOOD CIRCLE  
CITY-ST-ZIP WAUCHULA FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
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: William F. Reschke

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-97

DATE

Daytime Phone #

0395523

CR2E034 (9/96)