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 # V60221

1. Corporation Name
R W S Construction, Inc.

Principal Place of Business
915 OSCEOLA TRAIL
CASSELBERRY
FLORIDA 32707

Mailing Address
915 OSCEOLA TRAIL
CASSELBERRY
FLORIDA 32707

3. Date Incorporated or Qualified: 9-1-1992
3a. Date of Last Report: 5-1-1995

2. Principal Place of Business
21 6120 EDGEWATE DRIVE
Suite, Apt. #, etc. 22 G
City & State 23 ORLANDO FL
Zip 24 32810 Country 25

2a. Mailing Address
26 6120 EDGEWATER DRIVE
Suite, Apt. #, etc. 27 G
City & State 28 ORLANDO FL
Zip 29 32810 Country 30

4. FEI Number 59-3139233 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
STEVENS Robert W.
915 OSCEOLA TRAIL
CASSELBERRY
FLORIDA 32707

10. Name and Address of New Registered Agent
81 Name STEVENS Robert W.
82 Street Address (P.O. Box Number is Not Acceptable) 17746 SE 237th COURT
83
84 City UMATILLA FL 85 Zip Code 32784

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Robert W. STEVENS 4-26-96
Signature of Registered Agent required when restating — DATE

12. OFFICERS AND DIRECTORS

TITLE	P.T.D.	☐ DELETE
NAME	STEVENS Robert W	
STREET ADDRESS	915 OSCEOLA TRAIL	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	VSD	☑ DELETE
NAME	STEVENS SUSAN K	
STREET ADDRESS	915 OSCEOLA TRAIL	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	V	☑ DELETE
NAME	WARD BRYAN	
STREET ADDRESS	1834 WARRINGWOOD DRIVE	
CITY-ST-ZIP	ORLAND FL.	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PTSD	☑ Change ☐ Addition
1.2 NAME	STEVENS Robert W	
1.3 STREET ADDRESS	17746 SE 237th COURT	
1.4 CITY-ST-ZIP	UMATILLA FL 32784	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	200001805012	☐ Change ☐ Addition
5.2 NAME	-05/02/96--01091--003	
5.3 STREET ADDRESS	***208.75	
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

32
6/2

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 in an attachment with an address.

SIGNATURE: Robert W. STEVENS 4-26-96 407 256 5219
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)