

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **515241** (8)

1. Corporation Name  
**DE RAE BUILDERS, INC.**

Principal Place of Business Mailing Address  
**800 PAUL STREET 800 PAUL STREET**  
**15121 15121**  
**ORLANDO FL 32808-7545 ORLANDO FL 32808-7545**

AND FILED AND FILED  
95 MAY - 1 10:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
**REMITTED BY MAIL**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report  
**09/22/1976 05/01/1994**  
4. FEI Number Applied For  
**59-1699393 Not Applicable**  
5. Certificate of Status Desired  \$6.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. This corporation has liability for intangible tax under C. 199.002, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**JULIAN, JAMES A.**  
**6516 ARUNDEL DR**  
**ORLANDO FL 32818**

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City FL B5 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) (REG) Registered Agent signature required when mandatory (N/A)

12. OFFICERS AND DIRECTORS  
TITLE PD  
NAME JULIAN, JAMES A  
STREET ADDRESS 6516 ARUNDEL DR  
CITY - ST - ZIP ORLANDO, FL 00000  
TITLE ST  
NAME LOCKE, IRMA A.  
STREET ADDRESS 823 E. HARBOUR CT.  
CITY - ST - ZIP OCOEE FL  
TITLE D  
NAME JULIAN, MARY E  
STREET ADDRESS 6516 ARUNDEL DR  
CITY - ST - ZIP ORLANDO, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
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  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP  
6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

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 110.07(1)(h), 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 recipient of trust so empowered to execute this report as required by Chapter 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *James R. Julian* Date: **4/21/95** (407-299-0790)  
PRINTED AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR