

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

55 MAY - 1 PM 10: 26

DOCUMENT # **638027** (3)

1. Corporation Name
B C H BUILDERS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Office Location: **2575 ULMERTON RD #300 CLEARWATER FL 34622**
Mailing Address: **2575 ULMERTON RD #300 CLEARWATER FL 34622**

DO NOT WRITE IN THIS SPACE

2. Date of Last Report		3a. Date of Last Report	
10/01/1979		05/17/1994	
4. FFI Number		Applied For	
59-1940223		Not Applicable	
5. Certificate of State (Amended)		\$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 the Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

24. 25. 26. 27. 28. 29. 30.

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BULLARD, FRED B, JR 2575 ULMERTON RD SUITE 300 CLEARWATER FL 34622				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 the Florida Statutes, the undersigned, corporation, hereby certifies that the information contained in this report is true and correct to the best of my knowledge and belief, and that the undersigned is a duly qualified officer or director of the corporation and is authorized to execute this report on behalf of the corporation. I am a resident of the State of Florida.

SIGNATURE: _____

12. Name and Address of Officer or Director	13. Applicable Categories of Officers or Directors
ST BULLARD, KAROL K 2575 ULMERTON RD, 300 CLEARWATER, FL 00000	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10
D HEASLIP, WILLIAM A 9 SUNLIGHT PARK ROAD TORONTO, CANADA 00000	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10
PD BULLARD, FRED B JR 2575 ULMERTON RD, 300 CLEARWATER, FL 00000	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10
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14. I hereby certify that the information supplied with this filing is correctly formatted and does not qualify for the exemption stated in Section 199.07(5)(b), Florida Statutes. I further certify that the information included in this annual report is a confidential annual report from and on behalf of the corporation and that my signature shall have the same legal effect as if made under oath. I agree to file a true and correct copy of this report on the return or returns required to execute this report as required by Chapter 687, Florida Statutes, and that my name appears in the report on the return or returns required to execute this report.

SIGNATURE: *[Signature]*
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] 813-576-6924