

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F67201** (6)

1. Corporation Name

**SAWMILL RIDGE BUILDERS, INC.**



Principal Place of Business:

**8465 OLD DIXIE HWY.  
P.O. BOX 277  
WABASSO FL 32970-0277**

Mailing Address:

**8465 OLD DIXIE HWY.  
P.O. BOX 277  
WABASSO FL 32970-0277**

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

24 Zip 25 Country

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

29 Zip 30 Country

3. Date Incorporated or Qualified  
**02/15/1982**

3a. Date of Last Report  
**04/04/1995**

4. FFL Number

**59-2160781**

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. 199.03? Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

**LOCKWOOD, THOMAS W.  
8465 OLD DIXIE HWY.  
WABASSO FL 32970**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.02(2) and 607.15(3), 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 607.0605, Florida Statutes.

SIGNATURE

(Signature of Registered Agent)

(Signature of Registered Agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LOCKWOOD, THOMAS W.	
STREET ADDRESS	7275 45TH STREET	
CITY-STATE-ZIP	VERO BEACH, FL 00000	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	GRAVES, J RICHARD, JR	
STREET ADDRESS	8465 OLD DIXIE HWY.	
CITY-STATE-ZIP	WABASSO, FL 00000	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BASS, JEFF E	
STREET ADDRESS	8465 OLD DIXIE HWY	
CITY-STATE-ZIP	WABASSO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-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 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 the statement with an address.

SIGNATURE:

*(Handwritten Signature)*

THOMAS W. LOCKWOOD

3/13/96

(407) 589-4356

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)