

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Apr 21 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F67201 (6)**  
 1. Corporation Name  
**SAWMILL RIDGE BUILDERS, INC.**



Principal Place of Business <b>8465 OLD DIXIE HWY.                  P.O. BOX 277                  WABASSO FL 32970-0277</b>	Mailing Address <b>8465 OLD DIXIE HWY.                  P.O. BOX 277                  WABASSO FL 32970</b>
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3. Date Incorporated or Qualified <b>02/15/1982</b>	3a. Date of Last Report <b>03/20/1996</b>
4. FEI Number <b>59-2160781</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business <b>21 7402 North US Hwy 1</b>	2a. Mailing Address <b>26 P.O. Box 59</b>
Suite, Apt #, etc. <b>22</b>	Suite, Apt #, etc. <b>27</b>
City & State <b>23 Vero Beach, FL</b>	City & State <b>28 Wabasso, FL</b>
Zip <b>24 32967</b>	Country <b>25 Indian River</b>
Zip <b>29 32970</b>	Country <b>30 Indian River</b>

**9. Name and Address of Current Registered Agent**

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

**10. Name and Address of New Registered Agent**

<b>81 Name</b>
<b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>7402 North U.S. Highway 1</b>
<b>83</b>
<b>84 City</b> <b>Vero Beach</b>
<b>85 Zip Code</b> <b>FL 32967</b>

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

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

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 unchanged, or on an attachment with an address.

**SIGNATURE:** \_\_\_\_\_ **SIGNATURE REQUIRED** **4-11-97** **561-567-0034**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)