

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 26 AM 8:46

DOCUMENT # **F68184**

(3)

1. Corporation Name

INNOVATIVE BUILDERS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

28341 S. TAMiami TRAIL
STE. 4
BONITA SPRINGS FL 33923
US

Mailing Address

28341 S. TAMiami TRAIL
STE. 4
BONITA SPRINGS FL 33923
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/23/1982

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2167362

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

7. This corporation has liability for intangible tax under S. 189.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 3040 Del Prado Blvd.

2a. Mailing Address

26 3040 Del Prado Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Cape Coral, Florida

City & State

28 Cape Coral, Florida

Zip

24 33904

County

25 Lee

Zip

29 33904

County

30 Lee

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAVIS, RONALD L
28341 S. TAMiami TRAIL, STE. 4
BONITA SPRINGS FL 33923

81 Name

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

3040 Del Prado Blvd.

83

84 City Cape Coral

FL

85 Zip Code 33904

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PSD
DAVIS, RONALD L
28341 S. TAMiami TRAIL
BONITA SPRINGS FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
D'ANDREA, ROBERT L.
28341 S. TAMiami TRAIL, STE 4
BONITA SPRINGS FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
PSD
Davis, Ronald L.
3040 Del Prado Blvd.
Cape Coral, Florida 33904

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
VP
D'Andrea, Robert L.
3040 Del Prado Blvd.
Cape Coral, Florida 33904

☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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(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 an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature / Name #

4-14-95