FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **G52782** **(1)**

1. Corporation Name

J&R CUSTOM BUILDERS INC.

Principal Place of Business

905 E. JUNEAU ST.
TAMPA FL 33604

Mailing Address

905 E. JUNEAU ST.
TAMPA FL 33604

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

3. Date Incorporated or Qualified: **08/04/1983**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-2324563** [ ] 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. 199.032, Florida Statutes. [X] Yes [ ] No

9. Name and Address of Current Registered Agent

MARGOTTA, JOHN R.
905 E. JUNEAU ST.
TAMPA FL 33604

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	[ ] DELETE	11 TITLE	[X] Change [ ] Addition
NAME	MARGOTTA, JOHN R		12 NAME	
STREET ADDRESS	~~1915 WEST WATERS AVENUE, SUITE 44~~		13 STREET ADDRESS	5317 W 130th Ave
CITY-ST-ZIP	TAMPA FL		14 CITY ST ZIP	Tampa FL 33612
TITLE	TSVP	[ ] DELETE	21 TITLE	[ ] Change [ ] Addition
NAME	WEBB, ERNEST E.		22 NAME	
STREET ADDRESS	18246 HANNA RD		23 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL		24 CITY ST ZIP	
TITLE		[ ] DELETE	31 TITLE	[ ] Change [ ] Addition
NAME			32 NAME	
STREET ADDRESS			33 STREET ADDRESS	
CITY-ST-ZIP			34 CITY ST ZIP	
TITLE		[ ] DELETE	41 TITLE	[ ] Change [ ] Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY ST ZIP			44 CITY ST ZIP	
TITLE		[ ] DELETE	51 TITLE	[ ] Change [ ] Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY ST ZIP			54 CITY ST ZIP	
TITLE		[ ] DELETE	61 TITLE	[ ] Change [ ] Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY ST ZIP			64 CITY ST ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is true, complete and accurate. I further certify that the information indicated on this report or supplemental 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: John R Margotta 4-26-96 (813)935-7926
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number