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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **H39458** (5)
1. Corporation Name
MID-FLORIDA BUILDERS, INC.

Principal Place of Business: 1780 CINNAMON CIR CASSELBERRY FL 32707 US
Mailing Address: 1780 CINNAMON CIR ~~6~~ ALGIERS CASSELBERRY FL 32707 ~~1780 WINTER~~ SPR, FL. 32708

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business (21-24)
2a. Mailing Address (25-28)

3. Date incorporated or Qualified: 01/23/1985
3a. Date of Last Report: 04/08/1994
4. FEI Number: 59-2471107
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: Yes No

9. Name and Address of Current Registered Agent
KELLEY, JANICE CHARLES E. KELLEY, SR
1780 CINNAMON CIR 6 ALGIERS AVE.
CASSELBERRY FL 32707 WINTER SPRINGS, FL 32708

10. Name and Address of New Registered Agent
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 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: *Charles E. Kelley, Sr.* DATE: 4/25/95

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	KELLEY, CHARLES E., JR.
STREET ADDRESS	1780 CINNAMON CIR
CITY- ST- ZIP	CASSELBERRY FL
TITLE	C/S/T
NAME	KELLEY, CHARLES E SR
STREET ADDRESS	6 ALGIERS AVE
CITY- ST- ZIP	WINTER SPGS FL
TITLE	D/P
NAME	KELLEY, JANICE A
STREET ADDRESS	1780 CINNAMON CIR
CITY- ST- ZIP	CASSELBERRY FL
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	<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	

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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)(b), 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: *Charles E. Kelley, Sr.* **CHARLES E. KELLEY, SR.** DATE: 4/19/95 TELEPHONE: 407-327-1290