

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 16 AM 11:26

DOCUMENT # **H84627** (9)

1. Corporation Name
NEW CREATION BUILDERS, INC.

Principal Place of Business: **6800 GULF DRIVE PANAMA CITY BEACH FL 32408**
Mailing Address: **6800 GULF DRIVE PANAMA CITY BEACH FL 32408**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/07/1985**
3a. Date of Last Report: **05/01/1994**

| | | | | | | | |
|--------------------------------|---------|---------------------|---------|---|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 4. FEI Number | | Applied For | |
| 21 | | 26 | | 59-2611516 | | Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | | <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 22 | | 27 | | 6. Election Campaign Financing Trust Fund Contribution | | <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| City & State | | City & State | | 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 23 | | 28 | | 29 | | 30 | |
| Zip | Country | Zip | Country | | | | |
| 24 | 25 | 29 | 30 | | | | |

| | | | | | | | |
|---|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| HESS, GLENN L. 9108 WEST HIGHWAY 98 PANAMA CITY BEACH FL 32407 | | | | 81 Name | | | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | 83 | | | |
| | | | | 84 City | | | |

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 re-registering)

DATE

| | | | |
|----------------------------|---------------------|---|--|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | PD | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BILELO, ALCIDES M. | 1.2 NAME | |
| STREET ADDRESS | 6800 GULF DR | 1.3 STREET ADDRESS | |
| CITY, ST, ZIP | PANAMA CITY FL | 1.4 CITY, ST, ZIP | |
| TITLE | D | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BILELO, FLORENCE E. | 2.2 NAME | |
| STREET ADDRESS | 6800 GULF DR | 2.3 STREET ADDRESS | |
| CITY, ST, ZIP | PANAMA CITY FL | 2.4 CITY, ST, ZIP | |
| TITLE | D | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BILELO, MARIA M. | 3.2 NAME | |
| STREET ADDRESS | 6800 GULF DR | 3.3 STREET ADDRESS | |
| CITY, ST, ZIP | PANAMA CITY FL | 3.4 CITY, ST, ZIP | |
| TITLE | DS | 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WILSON, BETTY T. | 4.2 NAME | |
| STREET ADDRESS | 3818 QUARTS | 4.3 STREET ADDRESS | |
| CITY, ST, ZIP | PANAMA CITY FL | 4.4 CITY, ST, ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY, ST, ZIP | | 5.4 CITY, ST, ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY, ST, ZIP | | 6.4 CITY, ST, ZIP | |

V. Pres - Sec
B. Gail Mount
7239 Bay Crest Rd.
Southport, FL 32409

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: *A. M. Bilelo* **A. M. BILELO** 1/9/95 904.234.6206
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR