

**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 # **J53561 (3)**

1. Corporation Name

**SEVEN GABLES CONSTRUCTION & DESIGN CO.**



Principal Place of Business

Mailing Address

8261 HUNTERS RIDGE TRAIL  
TALLAHASSEE FL 32312  
US

8261 HUNTERS RIDGE TRAIL  
TALLAHASSEE FL 32312  
US

2. Principal Place of Business

21 5875 BRADFORDVILLE RD

Suite, Apt. #, etc.

22 City & State

23 TALLAHASSEE, FL

24 Zip 32308

25 Country LEON

2a. Mailing Address

26 5875 BRADFORDVILLE RD

Suite, Apt. #, etc.

27 City & State

28 TALLAHASSEE, FL

29 Zip 32308

30 Country LEON

3. Date Incorporated or Qualified  
01/21/1987

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

4. FEI Number  
59-2753910

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  Yes  No

9. Name and Address of Current Registered Agent

CAREY, SUSAN  
8261 HUNTERS RIDGE TRAIL  
TALLAHASSEE FL 32312

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
5875 BRADFORDVILLE RD.  
83  
84 City TALLAHASSEE FL 85 Zip Code 32308

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 the filer.

Name of Registered Agent Signature required when registering.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PS	<input type="checkbox"/> DELETE
NAME	CAREY, SUSAN	
STREET ADDRESS	8261 HUNTERS RIDGE TRAIL	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CAREY, SUSAN	
STREET ADDRESS	8261 HUNTERS RIDGE TRAIL	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	CAREY, SUSAN	
STREET ADDRESS	8261 HUNTERS RIDGE TRAIL	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	5875 BRADFORDVILLE RD.
14 CITY-ST-ZIP	TALLAHASSEE, FL 32308
2. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	5875 BRADFORDVILLE RD.
24 CITY-ST-ZIP	TALLAHASSEE, FL 32308
3. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	5875 BRADFORDVILLE RD.
34 CITY-ST-ZIP	TALLAHASSEE, FL 32308
4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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)(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: *Susan Carey* 4/26/96 904-893-9025  
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)