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May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # N94000005648 (0)

1. Corporation Name
BRIDGE BUILDERS INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
2055 MERCY DR ORLANDO FL 32808 US	2055 MERCY DR ORLANDO FL 32808-5613 US

3. Date Incorporated or Qualified: 11/16/1994
3a. Date of Last Report: 02/09/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: ~~59-3289596~~ 59-3396804 ☐ 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

COSTANTINO, FRANK
2055 MERCY DRIVE
ORLANDO FL 32808-5629

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☑ Addition
NAME	COSTANTINO, FRANK		1.2 NAME	
STREET ADDRESS	5519 BAY SIDE DR		1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP	zip 32819
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MCMURTRY, GRADY		2.2 NAME	
STREET ADDRESS	4698 HALL RD		2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32817		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BROWN, DON		3.2 NAME	
STREET ADDRESS	1375 COUNTY RD 565A		3.3 STREET ADDRESS	
CITY-ST-ZIP	CLERMONT FL 34711		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	POITRAS, EDWARD W		4.2 NAME	
STREET ADDRESS	27B MOORE RD		4.3 STREET ADDRESS	
CITY-ST-ZIP	HAINES CITY FL 33844		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☑ Addition
NAME	HARRISON, BEN		5.2 NAME	
STREET ADDRESS	P O BOX 1189 RT 1		5.3 STREET ADDRESS	
CITY-ST-ZIP	CLERMONT FL		5.4 CITY-ST-ZIP	zip 32711
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [illegible] (SHELLEY) 1-10-97