

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

• PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P11204 (5)

1. Corporation Name
BUILDERWAY REALTY, INC.



Principal Place of Business: **1 INDEPENDENCE POINTE SUITE 301 GREENVILLE SC 29615 US**
Mailing Address: **N/A P.O. DRAWER 27107 GREENVILLE SC 29616 US**

3. Date Incorporated or Qualified: **08/21/1986**
3a. Date of Last Report: **02/21/1995**

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

4. FEI Number: **57-0643176**
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: **CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324**
10. Name and Address of New Registered Agent (81-85)
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

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: _____ (NOTE: Registered Agent signature required when reporting.) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAUKNIGHT, CLARENCE B.	1.2 NAME	
STREET ADDRESS	1 INDEPENDENCE POINTE, SUITE 301	1.3 STREET ADDRESS	
CITY-ST-ZIP	GREENVILLE SC	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAVOY, NEWELL E	2.2 NAME	
STREET ADDRESS	1 INDEPENDENCE POINTE, SUITE 301	2.3 STREET ADDRESS	
CITY-ST-ZIP	GREENVILLE SC	2.4 CITY-ST-ZIP	
TITLE	STV <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, DON D II	3.2 NAME	
STREET ADDRESS	1 INDEPENDENCE POINTE, SUITE 301	3.3 STREET ADDRESS	
CITY-ST-ZIP	GREENVILLE SC	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEHL, WILLIAM W.	4.2 NAME	
STREET ADDRESS	1 INDEPENDENCE POINTE, SUITE 301	4.3 STREET ADDRESS	
CITY-ST-ZIP	GREENVILLE SC	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUSTON, DONALD L	5.2 NAME	
STREET ADDRESS	1 INDEPENDENCE PT, STE 301	5.3 STREET ADDRESS	
CITY-ST-ZIP	GREENVILLE SC	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STERLING, JOHN M JR.	6.2 NAME	
STREET ADDRESS	1 INDEPENDENCE POINTE, SUITE 301	6.3 STREET ADDRESS	
CITY-ST-ZIP	GREENVILLE SC	6.4 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Don D. Lewis* (Signature) **Don D. Lewis** (Typed Name)
Date: **9/11/96** Phone: **(864) 299-6266**

CR2E034 (3/96)