

**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 # P95000012644 (7)

1. Corporation Name
INNOVATIVE STRUCTURES, INC.



Principal Place of Business
**RT 4 BOX 596R
LAKE CITY FL 32055-9500**

Mailing Address
**RT 4 BOX 596R
LAKE CITY FL 32055-9500**

3. Date Incorporated or Qualified: **02/13/1995**
3a. Date of Last Report: _____
4. FEI Number: **59-3306876**
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

2. Principal Place of Business
21. **3351-B FIRST AVE.**
Suite, Apt. #, etc: **UNIT B**
City & State: **FERNANDINA BEACH, FL**
Zip: **32034** Country: **USA**

2a. Mailing Address
26. **P.O. Box 628**
Suite, Apt. #, etc: _____
City & State: **FERNANDINA BEACH, FL**
Zip: **32035-0628** Country: **USA**

9. Name and Address of Current Registered Agent

**POOLE, WESLEY R
303 CENTRE ST, 200
FERNANDINA BEACH FL 32034**

10. Name and Address of New Registered Agent

81. Name: **SAME**
82. Street Address (P.O. Box Number is Not Acceptable): _____
83. _____
84. City: _____ State: **FL** 85. 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

Signature (Typed or printed name of registered agent and, if not applicable, (NOTE: Registered Agent signature required when reinstating) _____ Date: _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DUFFE, L D	
STREET ADDRESS	4867-S 14TH ST, 107	
CITY - ST - ZIP	FERNANDINA BEACH FL 32034	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	DUFFE, L.D.	
13. STREET ADDRESS	3351-B FIRST AVE.	
14. CITY - ST - ZIP	FERNANDINA BEACH, FL 32034	
21. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		
23. STREET ADDRESS		
24. CITY - ST - ZIP		
31. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME		
33. STREET ADDRESS		
34. CITY - ST - ZIP		
41. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME		
43. STREET ADDRESS		
44. CITY - ST - ZIP		
51. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME		
53. STREET ADDRESS		
54. CITY - ST - ZIP		
61. 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)(c), 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, on an attachment with an address.

SIGNATURE: *Lindsey Darryl Duffe* **LINDSEY DARRYL DUFFE** 7-19-96 904-277-4722

CR2E034 (3/96)