

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 # **P95000064916 (6)**

1. Corporation Name

EQUITY BUILDING CORP.



Principal Place of Business

Mailing Address

**523 LAKEVIEW ROAD
 CLEARWATER FL 34616**

**523 LAKEVIEW ROAD
 CLEARWATER FL 34616**

3. Date Incorporated or Qualified

08/22/1995

3a. Date of Last Report

2. Principal Place of Business

2e. Mailing Address

21 **1230 S. MYRTLE AVE**

25

Suite, Apt. #, etc

Suite, Apt. #, etc

22 **SUITE 304**

27 **SAME**

City & State

City & State

23 **CLEARWATER, FL**

28

Zip

Country

Zip

Country

24 **34616**

25 **PINELLAS**

29

30

4. FEI Number

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

10. Name and Address of New Registered Agent

**HANCOCK, J F
 523 LAKEVIEW ROAD
 CLEARWATER FL 34616**

81 Name **M. K. LASHUA**

82 Street Address (P.O. Box Number is Not Acceptable)
1230 S. MYRTLE AVE - SUITE 304

83

84 City **CLEARWATER** **FL** 85 Zip Code **34616**

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 filing this report)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HANCOCK, J F	
STREET ADDRESS	523 LAKEVIEW ROAD	
CITY-ST-ZIP	CLEARWATER FL 34616	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LASHUA, M K	
STREET ADDRESS	523 LAKEVIEW ROAD	
CITY-ST-ZIP	CLEARWATER FL 34616	
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		

11 TITLE	PRESIDENT + DIRECTOR	Change <input checked="" type="checkbox"/> Addition <input checked="" type="checkbox"/>
12 NAME	NORRIS J. GOULD	
13 STREET ADDRESS	1712 ROBINHOOD LANE	
14 CITY-ST-ZIP	CLEARWATER, FL 34624-6410	
21 TITLE	SEC/TREAS - DIRECTOR	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
22 NAME	LASHUA, M.K.	
23 STREET ADDRESS	1230 S. MYRTLE AVE, SUITE 304	
24 CITY-ST-ZIP	CLEARWATER, FL 34616	
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)(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:

M. K. Lashua
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
M. K. LASHUA SEC/TREAS

8/6/95

813-447-6763

CR2E034 (3/96)