FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # L53810 (2)

1. CORPORATE NAME
CHRISTIAN BUILDERS INC. OF MOUNT DORA

PRINCIPAL OFFICE
2104 SOUTH BAY STREET
1621 TEXAS CT
EUSTIS FL 32726
US

MAILING ADDRESS
POST OFFICE BOX 1607
1621 TEXAS CT.
MOUNT DORA FL 32757
US

3. Date Incorporated / Qualified: 02/26/1990
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 2104 South Bay Street
22
23 Eustis, FL 32726
24 32726 25 Lake

2a. Mailing Address
26 P. O. Box 1607
27
28 Mount Dora, FL
29 32757 30 Lake

4. FEI Number: 59-3015901 — Applied For / Not Applicable

5. Certificate of Status Desired: [ ] $8.75 Additional Fee Required

6. Election Campaign Financial Trust Fund Contribution: [ ] $5.00 May Be Added to Fees

8. Does the corporation owe any delinquent sales tax to the State of Florida? [ ] Yes [X] No

9. Name and Address of Current Registered Agent
BREWER JR., CHARLES C.
2104 SOUTH BAY STREET
EUSTIS FL 32726

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 Section 607.0505, 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 and confirms that the corporation is kept at its principal place of business, hereby accepts the appointment as registered agent. I am familiar with and accept the duties and responsibilities of registered agent under Florida Statutes.

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	BREWER, CHARLES C.
ADDRESS	1621 TEXAS CT.
CITY ST ZIP	TAVARES FL
TITLE	D
NAME	BREWER, EVELYN M..
ADDRESS	1621 TEXAS CT.
CITY ST ZIP	TAVARES FL
TITLE	PD
NAME	BREWER, CHARLES C. JR.
ADDRESS	2104 S. BAY STREET
CITY ST ZIP	EUSTIS FL
TITLE	STD
NAME	BREWER, SHARON G.
ADDRESS	2104 S. BAY STREET
CITY ST ZIP	EUSTIS FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	[ ] Change	[ ] Addition
NAME		
ADDRESS		
CITY ST ZIP		
TITLE	[ ] Change	[ ] Addition
NAME		
ADDRESS		
CITY ST ZIP		
TITLE	[ ] Change	[ ] Addition
NAME		
ADDRESS		
CITY ST ZIP		
TITLE	[ ] Change	[ ] Addition
NAME		
ADDRESS		
CITY ST ZIP		
TITLE	[ ] Change	[ ] Addition
NAME		
ADDRESS		
CITY ST ZIP		
TITLE	[ ] Change	[ ] Addition
NAME		
ADDRESS		
CITY ST ZIP		

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall constitute an affirmation under the penalties for perjury that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Florida Law. I further certify that the name and address of the registered agent and street address of the registered office as shown in section 81 through 85 above, is identical to the registered agent and street address of the registered office in which service of process may be served in accordance with Florida Law.

SIGNATURE: Sharon G. Brewer 5-1-95 (904-357)-1001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SHARON G. BREWER

0415207 FP