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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 184414 (1)  NORTHWEST BUILDERS, INC.									
Principal Place		Mailing Add					EIRI EIRII ATAI	I OFOTE BIEFE BIEFE	
221 N PALAFOX ST PENSACOLA FL 32501		PENSACOLA	221 N PALAFOX ST PENSACOLA FL 32501-4840						
US		US				Date Incorporated or Qualifie     04/07/1955		Date of Last F 2/01/1996	Report
in .	hace of Business	2a. Mailing /	Address		***************************************	4. FEI Number		A	oplied For
Suite, Apt.	#, elo	·	ot. #, etc.			59-1140527  5. Certificate of Status Desired		\$8.75	ot Applicable Additional
2 City & State	е	27 City & St	tate			6. Election Campaign Financing			equired May Be
3		28	····	T 0		Trust Fund Contribution		Added	to Fees
7(0) 4	Country 25	Zip 29		Coun	try	8. This corporation has liability Florida Statutes	for intangib Yes		s. 1 <b>9</b> 9.032,
	9. Name and Address of Curre	ent Registered Age	ent		Name	10. Name and Address of New	Registere	d Agent	
	VMAN, SAMUEL C W. LEE ST.					trans (D.O. Boy Number to Not Acces	oto ble)		
PENSACOLA FL 32501						dress (P.O. Box Number is Not Acceptable)			
				3	33				
				6	14 City		F	85 Zip	Code
politica de la	registered agent, or both, in the Stat	to of Florida, Such /					roont the or	oppintment as	registered
	in if arm-liar with, and accept the obli-					poration submits this statement for the tition's board of directors. I hereby activities when relinstating.	DATE		
SIGNATURE	Styrist ite, typed or printed name of registered a OFFICERS A	agent and title if applicable ND DIRECTORS	(NO	TE Registered	Agent signature requ		DATE	ND DIRECTOR	RS IN 12
SIGNATURE 12.	Stasstine, type for printed name of registered a OFFICERS A	agent and title if applicable ND DIRECTORS		TE Registered /	Agent signature requi	ired when reinstaing)	DATE		
SIGNATURE  12.  IIIUE  MAVE	Street rective for printed name of registered a OFFICERS A SD OSBORNE, DUANE A. 5550 TRAFALGAR DRIVE	agent and title if applicable ND DIRECTORS	(NO	13.	Agent signature requi	ired when reinstaing)	DATE	ND DIRECTOR	RS IN 12
SIGNATURE  12.  INTE  VAVE  SHEEL ADDRESS  OTY-SE-7.2	Strate et type for printed name of regiones da OFFICERS A SD OSBORNE, DUANE A. 5550 TRAFALGAR DRIVE PENSACOLA FL 32504	igen: and the if applicable ND DIRECTORS	(NO	TE Rugistered / 13. 1.1 TITL 1.2 NAN 1.3 STRI	Agent Bignature required to the second secon	ired when reinstaing)	DATE	ND DIRECTOR Change	RS IN 12
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SIGNATURE  12.  HITE  NAME  SPRET ADDRESS  DISY-SI-72  HITE  NAME  SIREE CALURESS  LITEST ZIP	Strate et type for printed name of regiones d'a OFFICERS A SD OSBORNE, DUANE A. 5550 TRAFALGAR DRIVE PENSACOLA FL 32504 PD NEWMAN, SAMUEL C	igen: and tile if applicable ND DIRECTORS	DELETE  DELETE	13. 1.1 TYTL 1.2 NAN 1.3 STRI 1.4 CITY 2.1 TYTL 2.2 NAN 2.3 STRI 2.4 CITY	Apont signature required to the signature re	ired when reinstaing)	DATE	ND DIRECTOR Change Change	RS IN 12 Addition Addition
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SIGNATURE:

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May 09 1997 8:00am

Secretary of State