

**FILE NOW. FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 MAY -1 PM 2:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 222627 (2)**

1. Corporation Name  
**EXHIBIT BUILDERS, INC.**

Principal Place of Business: **150 WILDWOOD RD. DELAND FL 32720-8620**  
Mailing Address: **150 WILDWOOD RD. DELAND FL 32720-8620**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified <b>04/16/1959</b>	3a. Date of Last Report <b>04/20/1994</b>
4. FEI Number <b>59-0865203</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. The Corporation has liability for intangible tax under the Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business	26. Mailing Address
22. City & State	27. State, Apt. #, etc.
23. City & State	28. City & State
24. City & State	25. City & State
29. City & State	30. City & State

9. Name and Address of Current Registered Agent <b>MORFORD, PENNY D 150 WILDWOOD RD DELAND FL 32720</b>	10. Name and Address of New Registered Agent
	B1. Name
	B2. Street Address (P.O. Box Number is Not Acceptable)
	B3.
	B4. City
	FL B5. Zip Code

11. Pursuant to the provisions of Sections 607.050, 607.11008, 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, thereby accept the appointment as registered agent. I am hereby accepting the obligation of Section 607.050, Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (4-1)	
NAME	ADDRESS	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>PDST MORFORD, PENNY D</b>	<b>255 VALENCIA CT DELAND, FL 00000</b>		
NAME	ADDRESS	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADDRESS	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	ADDRESS	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADDRESS	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information reported with this filing is correct, true and complete and that the filing complies with the provisions of the Florida Statutes. I further certify that the information reported on this annual report or supplemental annual report is true and complete and that my signature shall have the same effect as if made under oath. But I am an officer or director of the corporation of this name or have my power to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on the books of the corporation as an officer or director.

SIGNATURE: *Penny D. Morford*  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**PENNY D. MORFORD**

4/28/95