

**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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
**95 APR -4 PM 11:53**

**DOCUMENT # 297210 (7)**

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

Principal Place of Business      Mailing Address  
**38 SIRENA DRIVE      38 SIRENA DRIVE**  
**LAKE PLACID FL 33852      LAKE PLACID FL 33852**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Classified <b>09/29/1965</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>59-1104006</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip      Country	28. Zip      Country
24.      25.      29.      30.	

9. Name and Address of Current Registered Agent <b>DAVIS, HAYWARD H. 107 INTERLAKE BOULEVARD LAKE PLACID FL 33852</b>	10. Name and Address of New Registered Agent
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>ST</b>	<b>ENDICOTT, JOAN</b> <b>38 SIRENA DRIVE</b> <b>LAKE PLACID, FL 00000</b>	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>PD</b>	<b>ENDICOTT, W HARRISON</b> <b>38 SIRENA DRIVE</b> <b>LAKE PLACID, FL 00000</b>	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 included 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 registered agent, and that I am empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or next to which new with the addition.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR