

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 309112 (1)
1. Corporation Name
AMERICAN BUILDERS & REALTY CO



Principal Place of Business
3347 - 49TH ST NORTH
P.O. BOX 40966
ST PETERSBURG FL 33743

Mailing Address
3347 - 49TH ST NORTH
P.O. BOX 40966
ST PETERSBURG FL 33743

3. Date Incorporated or Qualified 09/16/1966 3a. Date of Last Record 08/14/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

4. FEI Number
59-1213279

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

ABOOD, JOSEPH D.
3347 49TH ST N
ST PETERSBURG FL 33710

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 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 of corporation (if filing by agent, this block is not applicable)

Signature of Registered Agent (signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
STD
ABOOD, CONSTANCE L.
11599 48 AVE N.
ST PETERSBURG FL
PD

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
ABOOD, JOSEPH D.
11599 48 AVE N
ST. PETERSBURG FL 33708
VPD

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
ABOOD, RICHARD J
11599 48 AVE N
ST. PETERSBURG FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Richard J Abood

4/18/96 (813)525-6780

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Listed

Designated Provider

CR2E034 (12/95)