FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **371291** **(6)**

1. Corporation Name

SPECTRA BUILDERS, INC.

Principal Place of Business	Mailing Address
4711 HWY 17 SOUTH #8 P O BOX 1381 ORANGE PARK FL 32067-381 US	4711 HWY 17 SOUTH #8 P O BOX 1381 ORANGE PARK FL 32067-381 US

3. Date Incorporated or Qualified: **10/14/1970**
3a. Date of Last Report: **05/01/1995**

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

4. FEI Number: **59-1426353** ☐ 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

~~SIEGEL, EDWARD~~
~~1500 ATLANTIC BANK BLDG~~
~~JACKSONVILLE FL 32202~~

10. Name and Address of New Registered Agent

81 Name: Ansbacher, Lewis
82 Street Address (P.O. Box Number is Not Acceptable): 4215 Southpoint Blvd., #100
83
84 City: Jacksonville, **FL** 85 Zip Code: 32216

11. Pursuant to the provisions of Section 607.0502 and 607.1502, 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: Lewis Ansbacher, Registered Agent — 4/23/96
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent Signature required when changed.) (DATE)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MCWILLIAMS, A E		1.2 NAME		
STREET ADDRESS	4711 HWY. 17 S #8		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK FL		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE	DST	☐ Change ☒ Addition
NAME	MCWILLIAMS, MACY		2.2 NAME		
STREET ADDRESS	4711 HWY 17 S. #8		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK FL		2.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BIAS, BETTE		3.2 NAME		
STREET ADDRESS	4711 HWY 17 S 8		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP	100001800651	
TITLE		☐ DELETE	5.1 TITLE	-04/30/96--01018--018	☐ Change ☐ Addition
NAME			5.2 NAME	***200.00	
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: A.E. McWilliams — 4/10/96 — (904) 264-5006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)