

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAR 13 PM 2:14

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 375692 (1)

1. Corporation Name

LEVEL LINE BUILDERS, INC.

Principal Place of Business

**5696 BADEN CT
FORT MYERS FL 33919
US**

Mailing Address

**5696 BADEN CT
FORT MYERS FL 33919
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/15/1971

3a. Date of Last Report

05/01/1994

4. FBI Number

59-1316371

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Trust Fund Contribution

Added to Fees

8. This corporation has liability for intangible tax under S. 109.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**SMITH, KAY
5696 BADEN CT
FT MYERS FL 33919**

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD**
NAME **SPRAGUE, JAMES L**
STREET ADDRESS **1300 SW CENTRAL AVENUE**
CITY-ST-ZIP **SEASIDE PARK NJ**

TITLE **VD**
NAME **POLHEMUS, WILLIAM**
STREET ADDRESS **261 HANCOCK AVE**
CITY-ST-ZIP **SEASIDE HEIGHTS NJ**

TITLE **STD**
NAME **SMITH, KATHRYN S**
STREET ADDRESS **5696 BADEN CT**
CITY-ST-ZIP **FT MYERS FL**

TITLE **D**
NAME **POLHEMUS, AGNES**
STREET ADDRESS **261 HANCOCK AVE**
CITY-ST-ZIP **SEASIDE HGTS NJ**

TITLE **D**
NAME **LARSEN, ERIC**
STREET ADDRESS **457 KNOLLWOOD CT.**
CITY-ST-ZIP **TOMS RIVER NJ**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

**PD Sprague, James L.
1300 SW Central Ave
Seaside Park, N.J.**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an amendment with an address.

SIGNATURE:

James L. Sprague
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-95

Date

Signature From #