

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 # 461139 (8)

1. Corporation Name

ALLIED BUILDERS OF ORLANDO, INCORPORATED



Principal Place of Business

Mailing Address

5450 JUDSON RD.  
MERRITT ISLAND FL 32953

5450 JUDSON RD.  
MERRITT ISLAND FL 32953

*Merritt Island, FL*

2. Principal Place of Business

2a. Mailing Address

21 *Merritt Island FL*

26 *5450 Judson Rd*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 *Merritt Island FL*

28 *Merritt Island FL*

Zip

Zip

Country

Country

24 *32953*

25 *FLORIDA*

29 *32953*

30 *FLORIDA*

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DOLCI, FRANK  
5450 JUDSON RD.  
MERRITT ISLAND FL 32953

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, if not applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE

NAME  
DOLCI, DAN Q.  
STREET ADDRESS  
8612 BLACK MESA DR  
CITY - ST - ZIP  
ORLANDO FL

☐ DELETE

1.2 TITLE

NAME  
DOLCI, FRANK J.  
STREET ADDRESS  
5450 JUDSON ROAD  
CITY - ST - ZIP  
MERRITT ISLAND FL

☐ DELETE

1.3 TITLE

NAME  
VANDERWALKER, GENA  
STREET ADDRESS  
1018 SOLDIER CREEK CT  
CITY - ST - ZIP  
OVIEDO FL

☐ DELETE

1.4 TITLE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

1.5 TITLE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

1.6 TITLE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME ☐ Change ☐ Addition

1.3 STREET ADDRESS ☐ Change ☐ Addition

1.4 CITY - ST - ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY - ST - ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY - ST - ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY - ST - ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY - ST - ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY - ST - ZIP ☐ Change ☐ 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 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:

*Frank J. Dolci*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANK J. DOLCI

3/3/96 (407) 452-6856

Date Daytime Phone #

CR2E034 (12/95)