

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 20 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 461139 (8)

1. Corporation Name

ALLIED BUILDERS OF ORLANDO, INCORPORATED

Principal Place of Business

5450 JUDSON RD.
MERRITT ISLAND FL 32953

Mailing Address

5450 JUDSON RD.
MERRITT ISLAND FL 32953-7316

3. Date Incorporated or Qualified
09/16/1974

3a. Date of Last Report
03/07/1996

4. FEI Number

59-2987992

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 Fee

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

2. Principal Place of Business

21 5450 JUDSON RD

Suite, Apt. #, etc.

22 MERRITT Island, FL.

City & State

23 32953, Brevard

Zip

Country

24

25

2a. Mailing Address

26 5450 JUDSON RD

Suite, Apt. #, etc.

27 MERRITT Island, FL.

City & State

28 32953 BREVARD

Zip

Country

29

30

9. Name and Address of Current Registered Agent

DOLCI, FRANK
5450 JUDSON RD.
MERRITT ISLAND FL 32953

10. Name and Address of New Registered Agent

81 Name

N/A

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 person named in registered agent and fee, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

☐ DELETE

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

☐ DELETE

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

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

N/A

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 does not qualify for the exemption stated in Section 119.07(3)(i), 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

FRANK J. DOLCI

Feb 14, 1997

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(407) 452-6856

CR2E034 (9/96)