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 #

462688

(3)

Corporation N BUILDII	NGS AND CHURCHES, INC	C.	()							
Principal Place of Business Mailing Address						· · · · · -	I IDANI DIBID BIND MANE DHADI		U M4001 MEDIK WIDI	T GIÐIT ØRÐIT JAÐI
COSCO BLDG. HWY 90 E. COSCO BLDG. HWY 90 CRESTVIEW FL 32536 CRESTVIEW FL 32539										
		US			3. Date incorporated or Qualifie 10/04/1974	02/24/1995				
2. Principal Plac	e of Rusiness	2a. 26	a. Mailing Address				4. FEI Number 59-1551388	Applied For Not Applicable		
Suite, Apt. #,	etc.	27	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		28	City & State				Election Campaign Financing Trust Fund Contribution			O May Be d to Fees
Zip Country		Zip Cou			ntry		8. This corporation has liability t	or intangibl	e tax under s	
4	25 9. Name and Address of Curren	29 Agent		30			10. Name and Address of New Registered Agent			
	9. Name and Address of Correl	ir negis	stered Agent		81	Name	10, Hamb Bild Hadrood of Hot		••••	
COSGROVE, DEWEY					82 Street Addre		dress (P.O. Box Number is Not Accep	table)		
	HWAY 90, EAST 1EW, FLORIDA				83	<u></u>				
32536			1			City			85 Zı	p Code
familiar with	i, and accept the obligations of, Sect squature typist or printed name of registered agent OF HOERS AN	ion 607	,0505, Florida Statute	s.			and of directors. I hereby accept the a rod when renstating: ADDITIONS/CHANGES TO 0	DAT	t	
TIBLE	ST		☐ DELETE	1.11	ITLE				☐ Change	Addition
NAM:	COSGROVE, SHARON K			1.2 N	AME					
STREET ADDRESS	215 HIGHWAY 90, EAST			1.3 S	TREE	I ADDRESS				
C-14 ST-7P	CRESTVIEW, FL 00000			140	TY - !	ST-ZIP				
11*11	P		☐ DELETE		IITLE	l l			Change	☐ Addition
NAME	COSGROVE, DEWEY 215 HIGHWAY 90, EAST			22 N		T ADDRESS				
STREET ADDRESS	CRESTVIEW, FL 00000					ST-ZIP				
CITY ST ZIF	CHECTTEN, TE 00000		DELETE	3 1					Change	Addition
NAME				321	IAME					
STHEE! ACORESS				333	STREE	ET ADDRESS				
CITY ST 7P				340	HY-	ST-ZIP				··
Til.E			DELETE	4 1	THTLE				Change	Addition
NAME				4.2 1	IAME					
STREET ADDRESS				4.3 5	TREE	1 ADDRESS				
CITY - ST - Z/P			——————————————————————————————————————			ST - ZIP			☐ Change	Addition
11°(F			☐ DELETE		TITLE					☐ vanion
MANE					MAME	į.				
STREET ADDRESS						ET ADDRESS				
City-St Zif			DELETE		TITLE	ST-ZIP			☐ Change	Addition
THE			T territ		HILE					
NAMI:						FT ADDRESS				
SIBILIT ADDRESS										
CH1 V - ST - ZIP				64	U11 F -	-\$T-ZIP				

14. It's hereby certify that the information supplied with this fling 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 outri, 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:

S. Cosgrove

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/96

904/682-6226

Daytime Phone #

CR2E034 (12/95)