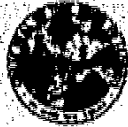


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

DOCUMENT # 464408

(4)

1. Corporation Name

F.C.N. BUILDERS, INC.

95 MAY -1 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1031 CAPE CORAL PKWY. UNIT 4
P.O. BOX 1401
CAPE CORAL FL 33904

Mailing Address

1031 CAPE CORAL PKWY. UNIT 4
P.O. BOX 1401
CAPE CORAL FL 33904

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/01/1974

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

59-1661222

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

10. Name and Address of New Registered Agent

COTTRELL, JAMES L
1633 SE 47TH TERR
CAPE CORAL FL 33904

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	NACHBRUNN, FRED C
STREET ADDRESS	1201 SE 16TH AVE
CITY - ST - ZIP	CAPE CORAL FL
TITLE	VD
NAME	NACHBRUNN, DORA
STREET ADDRESS	1730 SANDY CIRCLE
CITY - ST - ZIP	CAPE CORAL FL
TITLE	STD
NAME	NACHBRUNN, CARL
STREET ADDRESS	1730 SANDY CIRCLE
CITY - ST - ZIP	CAPE CORAL FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	1031 CAPE CORAL PKW
1.4 CITY - ST - ZIP	CAPE CORAL FL 33904
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	CAPE CORAL FL 33904
3.1 TITLE	☐ Change ☒ Addition
3.2 NAME	ST NACHBRUNN, FRED
3.3 STREET ADDRESS	1031 CAPE CORAL PKW
3.4 CITY - ST - ZIP	CAPE CORAL FL 33904
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Fred C. Nachbrunn FRED C. NACHBRUNN

4-28-95 813-542-2465

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #