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

CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANI	NUAL REPORT 1997					Secretary of State		
1. Corpora	UMENT # 46440 BUILDERS, INC.	8 (4)			,, <u>,,</u> ,,			
1.0.11	DOILDLIIG, ING.							
Pruncipal Place of Business Mailing Address						—{	O(O)) BIBIL BIBIL BIBIL BIBIL	61611 1901
1031 CAPE CORAL PKWY. UNIT 4 1031 CAPE CORAL PKWY. UNIT 4 P.O. BOX 1401 P.O. BOX 1401 CAPE CORAL FL 33904 CAPE CORAL FL 33904-9174				ήT 4		Date Incorporated or Qualified		
						11/01/1974	02/23/1996	ероп
2. Principa 21	Il Place of Business	2a. Mailing Address 26				4. FEI Number 59-1661222	 	oplied For ot Applicable
Suite A	pt #. efc	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional equired
City & S	State	City & State				Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zipi 24	Country 25	Zip 29	30 Cot	untry			Yes 🔲 No	, 199.032,
	9, Name and Address of Cur	rent Registered Agent		81		10. Name and Address of New Re	gistered Agent	
	OTTRELL, JAMES L				Name			
1633 SE 47TH TERR CAPE CORAL FL 33904				82 Street Address (P.O. Box Number is Not Acceptable)				
				83				
				84	City	<u></u>	85 Zip	Code
44 0	and the first and an income of Continue CO7 (NEAR and COT 1500 Elevida Ctat	den the o		oned on	position a homite this abdoment for the	FL	to registered
office o	or registered agent, or both, in the St.	ate of Florida. Such change was	ules, the a authorize	d by th	ne corpora	poration submits this statement for the pation's board of directors. I hereby accept	of the appointment as	registered
SIGNATUR		ingultaria ot, acattari ooy tooog i	ionau ola	ioiça.				Ì
	Suprature Hypert or printed name of registered			d Agent	signature requ	ered when reinstating)	DATE	20 111 40
12.	PD OFFICERS	AND DIRECTORS DELETE	13.	ITI F	<u>-</u> -	ADDITIONS/CHANGES TO OFFIC	Change	Addition
NAME.	NACHBRUNN, FRED C		12N		1		La triange	
STREET ADUSE:	ANNA CARE CORNA CHAIL			TREET AD	ORESS			
City ST JP	CAPE CORAL FL			ITY-ST-				
NTLE.	VO VO	☐ DELETE	. 2.1 TI	ITLE			☐ Change	Addition
NAME	NACHBRUNN, DORA		2.2 N	AME	- 1			
STREET ASSISTE			235	TAEET AD	IDRESS			
CHY St-70°	CAPE CORAL FL	T Drift		CITY-ST-	ZIP		T Observe	Addition
TIFLE	NACHEDINAL EDED	☐ DELÉTE	3.1 1		- 1		☐ Change	Addition
NAME COLOR CARROTS	NACHBRUNN, FRED 1031 CAPE CORAL PKW		3.2 N	iame Treet ad				}
STHEET ACORE: CIEY: STEZIE	CAPE CORAL FL			CITY-ST-				
LIME		DELETE	4.1 TI		<u> </u>		Change	Addition
NAME			1	NAME	Ì			
STREET ADDRES	68			TREET AD	ORESS			
C-FY - 51 - 24P			4.4 C	ITY-ST-	ŽIP			
THEF		DELETE	5.1 T	ITLE	[☐ Change	Addition
NAME			5.2 N		1			J
STREET AUGRE	55			TREET AD				
DISY ST ZIP TIME		DELETE	5.4 C 6.1 Ti	ITY-ST-	ZIP		Change	Addition
NAME		☐ orrest	6.2 N				L.J Change	FT VORIGION
j STHEE AGDRE	.5			ame Treet ac	INDEESS			
t anne kaont	***		0.3 3	ORET AL	DUEGO			ł

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.

FILED

Mar 18 1997 8:00am