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 # **529796** **(5)**

1. Corporation Name
S & S BUILDERS, INC.

Principal Place of Business	Mailing Address
11105 RIDGE AVE FT PIERCE FL 34982	11105 RIDGE AVE FT PIERCE FL 34982

3. Date Incorporated or Qualified: **03/22/1977**
3a. Date of Last Report: **08/15/1995**

2. Principal Place of Business (21): 902 N. FIGTREE LN
Suite, Apt. #, etc (22): PLANTATION FL
City & State (23):
Zip (24): 33317 Country (25): US

2a. Mailing Address (26): 902 N FIG TREE LN
Suite, Apt. #, etc (27):
City & State (28): Plantation FL
Zip (29): 33317 Country (30): US

4. FEI Number: **59-1739342** ☐ 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

SMITH, CRAIG B
4851 NW 18TH CT
LAUDERDALE FL 33313

10. Name and Address of New Registered Agent

81 Name: SMITH, CRAIG B
82 Street Address (P.O. Box Number is Not Acceptable): 902 N. FIG TREE LN
83:
84 City: PLANTATION FL 85 Zip Code: 33317

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: Craig B. Smith 7/28/96
Signature, typed or printed name of Registered Agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	11 TITLE	SMITH, CRAIG B	☑ Change ☐ Addition
NAME	SMITH, CRAIG B.		12 NAME	902 N. FIG TREE LANE	
STREET ADDRESS	4851 NW 18 CT.		13 STREET ADDRESS	PLANTATION FL	
CITY-ST-ZIP	LAUDERHILL FL		14 CITY-ST-ZIP		
TITLE	S	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	SMITH, WINONA C.		22 NAME		
STREET ADDRESS	902 N. FIG TREE LANE		23 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL		24 CITY-ST-ZIP		
TITLE	V	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	SMITH, LUTHER B.		32 NAME		
STREET ADDRESS	902 N FIG TREE LANE		33 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL		34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE	100001905561 -07/26/96--01042--029 ***225.00	☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (12/95)

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: Craig B. Smith 7/23/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

Document Preparer's Initials MS 7/26/96