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 # **530455** **(5)**

1. Corporation Name

CHOUINARD BUILDERS, INCORPORATED

Principal Place of Business	Mailing Address
8541 BARDMOOR PL N SEMINOLE FL 34647	8541 BARDMOOR PL N SEMINOLE FL 34647

3. Date Incorporated or Qualified: **03/30/1977**

3a. Date of Last Report: **04/04/1995**

2. Principal Place of Business — 21 | State, Apt. #, etc. — 22 | City & State — 23 | Zip — 24 | County — 25

2a. Mailing Address — 26 | State, Apt. #, etc. — 27 | City & State — 28 | Zip — 29 | Country — 30

4. FEI Number: **59-1729303** ☐ 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

JOHNSON, BRIAN E.
7190 SEMINOLE BLVD
SEMINOLE FL 33542

10. Name and Address of New Registered Agent

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 607.0504 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 Title	PD ☐ DELETE	1 Title	☐ Change ☐ Addition
Name	CHOUINARD, ROBERT W.	2 Name	
Street Address	8541 BARDMOOR PLACE N	3 Street Address	
City-St-Zip	SEMINOLE FL	4 City-St-Zip	
1 Title	STD ☐ DELETE	2 Title	☐ Change ☐ Addition
Name	CHOUINARD, NANCY JO	2 Name	
Street Address	8541 BARDMOOR PLACE N	2 Street Address	
City-St-Zip	SEMINOLE FL	2 City-St-Zip	
Title	VD ☐ DELETE	3 Title	☐ Change ☐ Addition
Name	CHOUINARD, DEAN	3 Name	
Street Address	9240 122ND TERR. NO	3 Street Address	
City-St-Zip	SEMINOLE FL	3 City-St-Zip	
Title	V ☒ DELETE	4 Title	☐ Change ☐ Addition
Name	GIESEGH, RICH	4 Name	
Street Address	11526 109TH ST. NO.	4 Street Address	
City-St-Zip	SEMINILE FL	4 City-St-Zip	
Title	V ☐ DELETE	5 Title	☐ Change ☐ Addition
Name	SKILES, DENISE L.	5 Name	
Street Address	12335 91ST WAY	5 Street Address	
City-St-Zip	SEMINOLE FL	5 City-St-Zip	
Title	☐ DELETE	6 Title	☐ Change ☐ Addition
Name		6 Name	
Street Address		6 Street Address	
City-St-Zip		6 City-St-Zip	

14. I 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)(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 added above or on an attachment with an blank.

SIGNATURE: Denise L. Skiles — 1/31/96 — 397-4535
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)