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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996DOCUMENT #

1. Corporation Name

541660

(7)

PELKEY BUILDERS, INC.

Principal Place of Business Mailing Address							SI OBII OIDE DIBII DIBII D	.1011 64011 61011 1001	
1887 BEACH AVE. P O BOX 72 ATLANTIC BCH. FL 32233			1887 BEACH AVE. P O BOX 72 ATLANTIC BCH. FL 32233						
						3. Date incorporated or Qualified 07/27/1977 05/01/1995			
Principal Place of Business			2a. Mailing Address			4. FEI Number 59-1765458	├ ─	Applied For Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			\$8.75 Additional			
22			27			5. Certificate or Status Desired		Required	
City & State 23			City & State		Election Campaign Financing Trust Fund Contribution		00 May Be ed to Fees		
Zip 24	Zip Cour		Zip 29	Country 30		8. This corporation has liability for in Florida Statutes Yes	· · · · · · · · · · · · · · · · · · ·		
9. Name and Address of Curren						10. Name and Address of New Registered Agent			
				81	Name				
PELKEY, JAMES L.				82 Street Add		ress (P.O. Box Number is Not Acceptable))		
1887 BEACH AVE. Atlantic BCH. Fl 32233				83	<u></u>				
AILAN	IIIC BUN.	FL 32233							
				84	City		FL 85 Z	ip Code	
or registere familiar with	ed agent or l	both, in the State of Fig	02 and 607.1508, Florida Stat orida. Such change was autho oction 607.0505, Florida Statu	orized by the con-	named corpor poration's boa	ration submits this statement for the purp rd of directors. I hereby accept the appoi	ose of changing its ntment as registered	registered office d agent. I am	
SIGNATURE	Signature typod c	ж priidinal hame of regishaled ag	ent and litte if applicable	(NOTE: Registered Agr	nt signature racquire	d when reinstating	DATe.		
12.	CWAK		IND DIFECTORS	13.		ADDITIONS/CHANGES TO OFFIC			
TITLE	VISD		DELETE	1.1 TITLE			Change	Addition	
		ey, Lisa s Beach ave		1.2 NAME	LIBBOSOS				
City-ST-ZIP	ATLANTIA				ADDRESS				
TITLE	VID		DELETE	1.4 CITY - ST - ZIP DELETE 2.1 TITLE		**************************************	[] Change	Addition	
NAME	PELKEY, LISA S			2.2 NAME					
STREET ADDRESS		Beach ave.		2 3 STREE	I ADDRESS			Ì	
CITY-ST-ZIP				2 4 CHY-ST-ZIP					
TITLE	PD		DELETE	☐ DELETE 3. 1 TITL			Change	Addition	
NAME		EY, JAMES L		3.2 NAME	j				
STREET ADDRESS		Beach ave. NTIC BCH. FL			I ADDRESS				
CITY-\$1-ZIP TITLE	A I LA	THO DOD, FL	[] DELETE	3.4 C/TY- 4. 1 TITLE	ST-ZIP		[] Change	Addition	
NAME				4. 1 TILE 4.2 NAME			Criange	Addition	
STREET ADDRESS					T ADDRESS			,	
CITY-ST-ZIP				4 4 CITY-					
TITLE			DELETE	5 1 THUE	J. L.		Change	Addition	
NAME .				5 2 NAME					
STREET ADDRESS					T ADDRESS				
CITY-ST-ZIP				5 4 CITY-					
TITLE			DELETE	6 1 THILE			☐ Change	☐ Addition	
NAME				6.2 NAME					
STREET ADDRESS				63 STREE	I ADDRESS				
CITY-ST-ZIP				6.4 CIFY-					

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 attaction 1 with an address.

SIGNATURE:

S. PELKEY 4-29-96 (904) 246-865 VICE-PRESIDENT, PELKEY BULLDES TOR. CR2E034 (12/95)