

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 590628 (4)
1. Corporation Name
MASTERBUILDERS CONSTRUCTION CORPORATION

Principal Place of Business

909 A TAMiami TRAIL
PORT CHARLOTTE FL 33953

Mailing Address

909 A TAMiami TRAIL
PORT CHARLOTTE FL 33953



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 PO Box 381194

27 Murdock, Fl.

28 City & State

29 Zip

30 Country

USA

3. Date Incorporated or Qualified
10/20/1978

3a. Date of Last Report
04/24/1995

4. FEI Number
59-1872380

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

PORTER, MYRNA KAY
20278 ASTORIA AVE.
PORT CHARLOTTE, FL LP 33952

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 607.0502 and 607.508, 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

Myrna K. Porter
Signature, typed or printed name of registered agent and title if applicable

Myrna K. Porter

(NOTE: Registered Agent signature required when reinstating)

Apr 18, 1996

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME PORTER, CHESTER LEWIS
STREET ADDRESS 20278 ASTORIA AVE.
CITY - ST - ZIP PORT CHARLOTTE, FL 00000 ☐ DELETE

TITLE VST
NAME PORTER, MYRNA KAY
STREET ADDRESS 20278 ASTORIA AVE.
CITY - ST - ZIP PORT CHARLOTTE, FL 00000 ☐ DELETE

TITLE V
NAME CROUSE, DOUGLAS E
STREET ADDRESS 18257 EDGEWATER DR
CITY - ST - ZIP PT CHARLOTTE FL ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

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 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:

Myrna K. Porter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 18, 1996 (941) 743-8326
Date Daytime Phone #

CR2E034 (12/95)