## FILE NOW: FILING FEE AFTER MAY 1 IS \$55000

**FILED** Jun 02 1997 8:00am **PROFIT** FLORIDA DEPARTMENTOF STATE CORPORATION Sandra B. Mori Secretary of State ANNUAL REPORT Secretary of St 1997 DIVISION OF CORPORTIONS DOCUMENT # 632501 (3)BETTER BUILT OF TAMPA, INC. Principal Place of Business Mailing Address 629 N 12TH ST 629 N 12TH ST TAMPA FL 33602-3101 TAMPA FL 33602-3101 3. Date Incorporated or Qualified 3a. Date of Last Report 08/07/1979 04/19/1996 2. Principal Place of Business 21 Applied For 4. FEI Number 2a. Mailing Address 59-1930253 Not Applicable 26 Suite, Apt. #, etc. \$8.75 Additional le, Apt. #, eld  $\Box$ 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 28 Trust Fund Contribution ntry Zip Country Zip This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent WOLFE, JOHN W. 629 N 12TH ST TAMPA FL 33602-3101 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the
office or registered agent, or both, in the State of Florida. Such change was author
agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida S submits this statement for the purpose of changing by the corporation's board of directors. I hereby accept the appointment as registere Agent signature required when reinstating) re of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS Change SD DELETE Talle WOLFE, JOHN W. MAME 629 N 12TH ST REET ADDRESS STREET ADORESS TAMPA FL CITY-ST-ZIF TY-ST-ZIF Change Additio DELETE TITLE n E ROBINSON, JOHN C. NAME 629 N 12TH ST STREET ADDRESS REET ADDRESS TAMPA FL CHY ST-ZIF ITY-ST-ZIP Additio DELETE Change 31 TLE TITLE WOLFE, LYNN AME NAMÉ 629 NORTH 12 STREET STREET ADDRESS 3.3 TREET ADDRESS TAMPA FL CITY-ST-ZIP DELETE Change Additio NAME AME TREET ADDRESS STREET ACIDRESS 13 HTY-ST-ZIP CITY-ST-ZIP Addi DELETE Change TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY - \$1 - 7IP DELETE Change TITLE 6.1 TITLE

14. Ide 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 oal 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.

62 NAME

63 STREET ADDRESS

64 CITY - ST-ZIP

NAME -

STREET ADDRESS

CITY-ST-20F

INTED NAME OF SIGNING OFFICER OR DIRECTOR

0953626