

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 # 637831 (9)

1. Corporation Name

STRICKLAND BUILDERS, INC.



Principal Place of Business

901 NORTH FIRST STREET
CHIPLEY FL 32428

Mailing Address

901 NORTH FIRST STREET
CHIPLEY FL 32428

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/28/1979

3a. Date of Last Report

01/23/1995

4. FEI Number

59-1945596

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

10. Name and Address of New Registered Agent

STRICKLAND, MILTON
901 NORTH FIRST STREET
CHIPLEY FL 32428

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 607.1508, 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

(Signature subject to provisions of Section 607.0505, Florida Statutes)

(If Not Registered Agent Signature Required When Submitting)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------|---------------------------------|
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | STRICKLAND, BARBARA | |
| STREET ADDRESS | 901 NO 1ST ST | |
| CITY-STATE-ZIP | CHIPLEY, FL 00000 | |
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | STRICKLAND, MILTON | |
| STREET ADDRESS | 901 NO 1ST ST | |
| CITY-STATE-ZIP | CHIPLEY, FL 00000 | |
| TITLE | VPD | <input type="checkbox"/> DELETE |
| NAME | STRICKLAND, MAX | |
| STREET ADDRESS | 901 N 1ST STREET | |
| CITY-STATE-ZIP | CHIPLEY FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME | |
| 3. STREET ADDRESS | |
| 4. CITY-STATE-ZIP | |
| 5. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME | |
| 7. STREET ADDRESS | |
| 8. CITY-STATE-ZIP | |
| 9. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME | |
| 11. STREET ADDRESS | |
| 12. CITY-STATE-ZIP | |
| 13. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. NAME | |
| 15. STREET ADDRESS | |
| 16. CITY-STATE-ZIP | |
| 17. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 18. NAME | |
| 19. STREET ADDRESS | |
| 20. CITY-STATE-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: *Barbara Strickland* (BARBARA STRICKLAND) 1-31-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904-638-1035
Typed Name

CR2E034 (12/95)