

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 27 PM 4:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 660025 (8)
1. Corporation Name
CORL BUILDERS, INC.

Principal Place of Business Mailing Address
P.O. BOX 875 PALM HARBOR FL 34682-7875
P.O. BOX 875 PALM HARBOR FL 34682-7875

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 P.O. Box 867		26 P.O. Box 867		03/21/1980	02/17/1994
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
				59-1988848	Not Applicable
23 City & State SAFETY HARBOR FL		28 City & State SAFETY HARBOR FL		5. Certificate of Status Desired	\$8.75 Additional Fee Required
24 Zip 34695		29 Zip 34695		<input type="checkbox"/>	
25 Country Pinellas		30 Country Pinellas		6. Election Campaign Financing	\$5.00 May Be Added to Fees
				<input type="checkbox"/>	
				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CORL, JOHN F 443 WINDING WILLOW DR. PALM HARBOR FL 34683				81 Name	John F. CORL		
				82 Street Address (P.O. Box Number is Not Acceptable)	102 Water edge Ct.		
				83			
				84 City	SAFETY HARBOR	85 State	FL

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: *John F. Corl* John F. CORL P/S/D DATE: 3-22-95

(Print typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reappointed.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1.1 TITLE	John F. CORL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORL, JOHN F	1.2 NAME	P/S/D
STREET ADDRESS	443 WINDING WILLOW DR.	1.3 STREET ADDRESS	102 Water edge Ct.
CITY-ST-ZIP	PALM HARBOR, FL	1.4 CITY-ST-ZIP	Safety Harbor FL 34695
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *John F. Corl* P/S/D John F. CORL 3-22-95 812/796-0777

(Print typed or printed name of signing officer or director)