

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 JUN 22 AM 4:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **770415** (8)

1. Corporation Name

MASTER BUILDER'S PLAN, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
GROVER CLEVELAND BLVD. P.O. BOX 409 LEGANTO FL 34460 US		GROVER CLEVELAND BLVD. P.O. BOX 409 LEGANTO FL 34460 US	
2. Principal Place of Business	2a. Mailing Address		
21	26		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22	27		
City & State	City & State		
23	28		
Zip	Country	Zip	Country
24	25	29	30

3. Date Incorporated or Qualified	3a. Date of Last Report
09/26/1983	04/25/1994
4. FEI Number	Applied For Not Applicable
59-2361356	
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	<input type="checkbox"/> \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
TODD, W. F. 4190 S. BRIAN PT P.O. BOX 409 HOMOSASSA FL 34446				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 officer 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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TODD, W. F.	12 NAME	
STREET ADDRESS	4190 S BRAIN PT	13 STREET ADDRESS	
CITY - ST - ZIP	HOMOSASSA FL	14 CITY - ST - ZIP	
TITLE	SD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEETS, GLOIRA	22 NAME	00000152210
STREET ADDRESS	5935 S ASHLAWN WAY	23 STREET ADDRESS	-06/23/95--01078--006
CITY - ST - ZIP	HOMOSASSA SPRINGS FL	24 CITY - ST - ZIP	***155.00 ***155.00
TITLE	TD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TODD, PAUL W.	32 NAME	
STREET ADDRESS	8161 W. BARRY CT.	33 STREET ADDRESS	
CITY - ST - ZIP	HOMOSASSA SPRINGS FL	34 CITY - ST - ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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 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 017, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ (Signature) _____ DATE: 5/22/95 (Date) (914) 628-4167 (Telephone #)