

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Suzanne B. Minter
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 833796 (6)

1. Corporation Name
PARK-BUILT BODY COMPANY, INC.



Principal Place of Business

**US HIGHWAY 82 WEST
P.O. BOX 448
SYLVESTER GA 31791**

Main Office

**US HIGHWAY 82 WEST
P.O. BOX 448
SYLVESTER GA 31791**

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business					2a. Main Office				
State, Apt. #, etc.					State, Apt. #, etc.				
City & State					City & State				
Zip		Country			Zip		Country		

3. Date Report Due for Original	3a. Date of Last Report
02/10/1975	04/12/1995
4. FEIN Number	Applied For
59-0812955	<input type="checkbox"/> Not Applicable
5. Contribution of State (Amount)	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation is liable for intangible tax under s. 193.03 Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent

**GREEN, HOWARD P.
32-101 PINE ARBOR LANE
VERO BEACH FL 32960**

81	Name
82	Street Address (P.O. Box Number is Not Applicable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607.041 through 607.043, Florida Statutes, the above named corporation is subject to the provisions of Chapter 607, Florida Statutes, for the purpose of changing its registered office or registered agent, or both, in the State of Florida. No change was authorized by the corporation's board of directors, the only authorized officer or officers, or the registered agent, if any, of the corporation, and I accept the obligations of Sections 607.041 through 607.043, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS

TITLE	TDS	<input type="checkbox"/> Delete
NAME	DEVANE, JEAN	
STREET ADDRESS	RT 1 BOX 54 AIRPORT RD	
CITY, ST, ZIP	SYLVESTER, GA 00000	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	FERNANDEZ, ELIO M.	
STREET ADDRESS	114 AIRPORT RD	
CITY, ST, ZIP	SYLVESTER GA	
TITLE	GMD	<input type="checkbox"/> Delete
NAME	DEVANE, VIC	
STREET ADDRESS	117 DEWBERRY LANE	
CITY, ST, ZIP	SYLVESTER GA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY, ST, 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, ST, ZIP	
5. NAME	
6. STREET ADDRESS	
7. CITY, ST, ZIP	
8. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. NAME	
10. STREET ADDRESS	
11. CITY, ST, ZIP	
12. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. NAME	
14. STREET ADDRESS	
15. CITY, ST, ZIP	

14. I do hereby certify that the information supplied on this filing is voluntarily furnished and does not qualify for the exemption in Section 119.07(3)(b), Florida Statutes. I further certify that the information provided on this annual report or supplemental annual report is true and correct 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 registered agent or authorized representative of the corporation, and that my name appears in Block 12 or Block 13 of this filing, or in all applicable blocks of this filing, Chapter 607, Florida Statutes, and that my name

SIGNATURE: *JEAN DEVANE* **JEAN DEVANE** 4-8-96 912-776-6948
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)