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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #

1. Corporation Name F33734

(7)

JODY WILLIS BUILDER, INC.

Principal Place of	Business	Maling Address							
302 PALM DR PLANT CITY FI		302 PALM DR. S PLANT CITY FL							
						3. Date Incorporated or Qualified			5
2. Principal Plac	e of Business	2a. Mailing Addres	2a. Maiting Address			4. FEI Number Applied For			Applied For Not Applicable
1		26	1			\$8.75 Additional			
Suite, Apt #.	etc.	Suite, Apt. #, €	Suite, Apt. #, etc.			5. Certificate of Status Desired	Fee Required		
City & State		City & State	<u> </u>			6. Election Campaign Financing \$5.00 May Be			
		28				Trust Fund Contribution			d to Fees
Zip	Country	Zip	-1			8. This corporation has hability for intangible tax under s 199.032, Florida Statutes Yes No			
l	25	29	30			10. Name and Address of New I	Registered	Agent	
	9. Name and Address of Curr	ent Hegistered Agent		81	Name				
						(D.O. Boy Number is Not Acceptal	ole)		
WILLIS, J	ODY		63		Street Addr	Address (P.O. Box Number is Not Acceptable)			
302 PALI	n dr., suite 102 Ity fl 33566								
PLANT U	111 FL 33300			84	City	85 Zip Code			
				1	' '	ration submits this statement for the pord of directors. Thereby accept the app	<u>FL</u>	_	
12.		AND DIRECTORS	NOTE Beginter	<b>3.</b>	T	ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECT	ORS IN 12 Addition
IIILE	Р	DELETE		1 1 THLE				Change	☐ Madagon
NAME	WILLIS, JODY L.			NAME					
STREET ADDRESS	1612 WILLIAMS RD.			1.3 STHEET ADDRESS 1.4 CHY+ST+ZIP					
CITY-ST-ZIP				2 1 111LF				Change	Addition
TITLE	S WILLIS, LYNNE A.			NAME					
NAME STREET ADDRESS	1612 WILLIAMS RD.		2	2.3 STREET ADORESS					
CITY-ST-ZIP	PLANT CITY FL		2	4 CILY -	SI - ZiP			□ Charge	Addition
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NAME				2 NAME					
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NAME STREET ADDRESS			4	3 STHE	ET ABDRESS				
City-SI-ZiP					-ST-2.P			Chann	e 🔲 Additio
TITLE		DELETE		5 1 TILLE				LJ OHUNG	
NAME				2 NAM					
STREET ADDRESS					ET ADDRESS				
CITY-ST-ZIP		☐ DELETE		5.4 CITY - S1 - ZIP 6.1 TITE				Chang	e 🔲 Add tid
TITLE				2 NAM					
NAME PERFECT ADDRESS					TEL ADDRESS				
STREET ADDRESS	1								
CITY - S1 - ZIP				4 CITY		y for the exemption stated in Section 1 trate and that my signature shall have t	10 07:0:4:5	Elorida Ser	tutas   furtho

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 it made that certify 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, Fiorida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: