

**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 APR -4 AM 11:09

DOCUMENT # **F89987** (4)

1. Corporation Name  
**AMERICAN BUILDERS OF CENTRAL FLORIDA, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**707 JONES AVENUE HAINES CITY FL 33844**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/09/1982</b>	3a. Date of Last Report <b>05/17/1994</b>
21		26		4. FEI Number <b>59-2219372</b>	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24. Zip	25. Country	29. Zip	30. Country	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			
<b>KEY, HERBERT W. 143 PALM PLACE HAINES CITY FL 33844</b>				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City	<b>FL</b>	B5

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KEY, HERBERT W</b>	1.2 NAME	
STREET ADDRESS	<b>143 PALM PLACE</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>HAINES CITY FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>VD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBSON, STEVE H</b>	2.2 NAME	
STREET ADDRESS	<b>207 GLENDALE STREET</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>LAKELAND FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>VSD</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LYNCH, ROBERT</b>	3.2 NAME	
STREET ADDRESS	<b>115 CYPRESS ST.</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>DAVENPORT FL</b>	3.4 CITY - ST - ZIP	
TITLE	<b>VTD</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KEY, BEVERLY R</b>	4.2 NAME	
STREET ADDRESS	<b>614 LYLE AVENUE</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>HAINES CITY FL</b>	4.4 CITY - ST - ZIP	
TITLE	<b>D</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KEY, POLLY ANN</b>	5.2 NAME	
STREET ADDRESS	<b>143 PALM PLACE</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>HAINES CITY FL</b>	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 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 supplementary 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, unchanged, or on an Attachment with an address.

SIGNATURE: *Herbert W. Key* 3/29/95 813-422-8240  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**Herbert W. Key, Pres**