

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F92000001045 (5)

1. Corporation Name

MASTER GARAGE BUILDERS, INC.



Principal Place of Business

15145 FREEMANVILLE RD
ALPHARETTA GA 30201
US

Mailing Address

15145 FREEMANVILLE RD
ALPHARETTA GA 30201
US

2. Principal Place of Business

2a. Mailing Address

21 9112 S US 441

26 9112 S US 441

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 OCALA, FL

28 OCALA, FL

24 34480

Country

25 MARION

29 34480

Country

30 MARION

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
01/13/1993

3a. Date of Last Report
02/01/1995

4. FEI Number
35-1870275

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

CARTER, JAY D
2901 SW 41ST ST
OCALA FL 34474

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and time if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCD
NAME CARTER, JEREMY D
STREET ADDRESS 15145 FREEMANVILLE RD
CITY-STATE-ZIP ALPHARETTA GA ☒ DELETE

TITLE SD
NAME CARTER, SUE
STREET ADDRESS 15145 FREEMANVILLE RD
CITY-STATE-ZIP ALPHARETTA GA ☒ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PCD
1.2 NAME JAY D. CARTER
1.3 STREET ADDRESS 2901 SW 41ST #2410
1.4 CITY-STATE-ZIP OCALA, FL 34474 ☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP ☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP ☐ Change ☐ Addition

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 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-5-96

352-347-3033

DATE (Typed Name)

CR2E034 (12/95)