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 28 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93246** **(9)**

1. Corporation Name

MIKE ROWE BUILDERS, INC.

Principal Place of Business	Mailing Address
4102 ROWLING OAKS CT TALLAHASSEE FL 32303	4102 ROWLING OAKS CT TALLAHASSEE FL 32303

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **08/04/1982**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business	2a. Mailing Address
21 5001 Lakefront Drive	26 5001 Lakefront Drive
Suite, Apt. #, etc. 22 Apt L-3	Suite, Apt. #, etc. 27 Apt L-3
City & State 23 Tallahassee, Fl	City & State 28 Tallahassee, Fl
Zip / County 24 32303 / 25 Leon	Zip / County 29 32303 / 30 Leon

4. FEI Number: **59-2209407** ☐ 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

9. Name and Address of Current Registered Agent

ROWE, MICHAEL DENNIS
2225 PERKINS ROAD
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 5001 Lakefront Drive
83 Apt - L-3
84 City: Tallahassee **FL** 85 Zip Code: 32303

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	P	11 TITLE	☒ Change ☐ Addition
NAME	ROWE, MICHAEL DENNIS	12 NAME	
STREET ADDRESS	2225 PERKINS ROAD	13 STREET ADDRESS	5001 Lakefront Drive Apt L-3
CITY ST ZIP	TALLAHASSEE FL	14 CITY ST ZIP	Tallahassee, Fl 32303
TITLE	S	21 TITLE	☒ Change ☐ Addition
NAME	ROWE, PATRICIA C.	22 NAME	
STREET ADDRESS	2225 PERKINS ROAD	23 STREET ADDRESS	5001 Lakefront Drive Apt L-3
CITY ST ZIP	TALLAHASSEE FL	24 CITY ST ZIP	Tallahassee, Fl 32303
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ 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 119.07(3)(i), 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: Patricia C. Rowe 4-24-95 386-7186
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Patricia C. Rowe Secretary-Treasurer

0000042 CP