FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93246

(9)

MIKE ROWE BUILDERS, INC.

May 09 1997 8:00am
Secretary of State

FII ED

ROOM I ENGHI DA	e of Business	Mailing Address			* 1991/99 1/19 1919 1/119 1/9/1 9/9/1 9/9/1 9/9/1 9/9/1 9/9/1 9/9/1 9/9/1 9/9/1 9/9/1	
8008 LEIGH ROAD ROAD TALLAHASSEE FL 82308		TALLAHASSEE FL 32308	6008 LEIGH READ ROAD TALLAHASSEE FL 32308-8928			
ÜS		US			3. Date incorporated or Qualified 08/04/1982	3a. Date of Last Report 05/15/1996
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26		59-2209407	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				- ¢9 75 Additional
22		27		5. Certificate of Status Desired	Fee Required	
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
23		28	8		Trust Fund Contribution	☐ Added to Fees
Zip Country		Zφ	Country	,	This corporation has liability fo Florida Statutes	r intangible tax under s. 199.032,
24	25	29	30			
	9. Name and Address of Curre	nt Registered Agent		r:	10. Name and Address of New R	egistered Agent
	WE, MICHAEL DENNIS		81	Name		
	08 LEIGH READ ROAD		82	Street Add	dress (P.O. Box Number is Not Acceptable)	
TAL	LAHASSEE FL 32308					
			83			
			84	City		85 Zip Code
	<u></u>					FL
office or r agent. La	to the provisions of Sections 607.001 registered agent, or both, in the State am familiar with, and accept the oblig	uz and 607,1508, Florida Stati e of Florida. Such change was gations of, Section 607,0505, F	ਸ਼ਰਤ, the above authori≱ed by Torida Statutes	e-named cor / the corpora s.	poration submits this statement for the ation's board of directors. I hereby acc	purpose of changing its registered opt the appointment as registered
SIGNATURE						
	Signature, typod or printed name of registered ag			nt signature requ	uired when reinstating)	DATE
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	
TITLE	POWE MONAPI SPANIE	LJ DELETE	1.F TITLE			Change Addition
NAME	ROWE, MICHAEL DENNIS	•	1.2 NAME			
STREET ADDRESS	6008 LEIGH READ ROAD		1.3 STREET			
CITY-ST-ZIP	TALLAHASSEE FL	DELETE	1.4 CHTY-S	ST-7/P		Change I Addition
TITLE	S DATE DATE	L. VILCIE	2.9 TITLE			Change Addition
NAME	ROWE, PATRICIA C.		2.2 NAME			
STREET ADDRESS	6008 LEIGH READ ROAD		2.3 STREET			
CITY-ST-ZIP	TALLAHASSEE FL	DELETE	2. A CITY - 1	SI-ZIP		Chases Addition
TITLE	1	י טונגונ	3 1 TITLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS	ł		3.3 STREET			
CITY-ST-ZIP		Lioticic	3.4. CITY - 5	S1 - ZIP		Change Addition
TITLE		DELETE	4.\$ TITLE			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET			
CITY-ST-ZIP		Thurst .	4.4 CITY - S	51 - ZIP	<u></u>	Change Addition
TITLE		☐ DELFTE	5.1 TITLE			Change L Addition
l ¹			5.2 NAME			
NAME	i		5.3 \$1REE1	ADDRESS I		
STREET ADDRESS						
STREET ADDRESS CITY-ST-ZIP		December 1	5.4 CITY-S		al distribution of the Control of th	
STREET ADDRESS CITY-ST-ZIP TITLE		DELETE	5.4 CITY-S 6.1 TIFLE		alderinnen Baltinkelti (MP 138 V Iad (110 S / 14/4) Silv Billion Alderin	Change Addition
STREET ADDRESS CITY-ST-ZIP		DELETE	5.4 CITY-S 6.1 TITLE 6.2 NAME	ST - 7(P		Change Addition
STREET ADDRESS CITY-ST-ZIP TITLE		DELETÉ	5.4 CITY-S 6.1 TIFLE	ST - 7(P		Change Addition

4. To nereby certify that the imprimation supplied with this hilling does not quality for the exemption stated in Section 19.07(3)(f), Florida Statutes. I further certify that the information indicated on this 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 this corporation or the receiver or trustee encovered 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.