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CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **F97330** **(7)**

1. Corporation Name
FLORIDA VENTURE BUILDERS, INC.

Principal Place of Business	Mailing Address
7535 NW 44 PL GAINESVILLE FL 32606 US	7535 NW 44 PL GAINESVILLE FL 32606 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **09/25/1982**
3a. Date of Last Report: **03/16/1994**

4. FEI Number: **59-2214970** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 2020 S.W. 98th Street	26 2020 S.W. 98th Street
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Gainesville, Florida	28 Gainesville, Florida
24 Zip 32607-3203 25 Country Alachua	29 Zip 32607-3203 30 Country Alachua

9. Name and Address of Current Registered Agent

STEADHAM, JOHN M
527 E. UNIVERSITY AVE
GAINESVILLE FL 32602

10. Name and Address of New Registered Agent

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 _____ 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	PST	1.1 TITLE	PST ☒ Change ☐ Addition
NAME	MORRISON, ROBERT C	1.2 NAME	MORRISON, ROBERT C
STREET ADDRESS	7535 NW 44TH PL	1.3 STREET ADDRESS	2020 S.W. 98th STREET
CITY-ST-ZIP	GAINESVILLE, FL 00000	1.4 CITY-ST-ZIP	GAINESVILLE, FL. 32607-3203
TITLE	D	2.1 TITLE	D ☒ Change ☐ Addition
NAME	MORRISON, ROBERT C	2.2 NAME	MORRISON, ROBERT C
STREET ADDRESS	7535 NW 44TH PL	2.3 STREET ADDRESS	2020 S.W. 98th STREET
CITY-ST-ZIP	GAINESVILLE, FL 00000	2.4 CITY-ST-ZIP	Gainesville, Fl. 32607-3203
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 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: Robert C. Morrison, Robert C. Morrison 4/4/95 (904) 331-3231
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Telephone Number

CP