

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

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Jan 30 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **G21960** (1)  
1. Corporation Name  
**ATLANTIC BUILDERS, INC.**



Principal Place of Business  
**8351 WESTPORT RD  
JACKSONVILLE FL 32244  
US**

Mailing Address  
**8351 WESTPORT RD  
JACKSONVILLE FL 32244-5901  
US**

3. Date Incorporated or Qualified  
**02/07/1983**

3a. Date of Last Report  
**04/05/1996**

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number <b>59-2331345</b> Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**TOWERS, JOHN B.  
8351 WESTPORT RD.  
JACKSONVILLE FL 32244**

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

(Signature) Typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>TOWERS, WILLIAM B JR</b>	
STREET ADDRESS	<b>8351 WESTPORT RD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32244</b>	
TITLE	<b>VST</b>	<input type="checkbox"/> DELETE
NAME	<b>TOWERS, JOHN B</b>	
STREET ADDRESS	<b>2222 PARK STREET</b>	
CITY-ST-ZIP	<b>JACKSONVILLE, FL 00000</b>	
TITLE	<b>AVS</b>	<input type="checkbox"/> DELETE
NAME	<b>CHRONISTER, CORINNE</b>	
STREET ADDRESS	<b>8351 WESTPORT RD.</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>AVP</b>	<input type="checkbox"/> DELETE
NAME	<b>MARK REFOSCO,</b>	
STREET ADDRESS	<b>8351 WESTPORT RD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32244</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME	<del>James Watson</del>	
STREET ADDRESS	<del>8351 Westport Rd.</del>	
CITY-ST-ZIP	<del>JACKSONVILLE, FL 32244</del>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>AVP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>SHARI K. NOLAN</b>	
1.3 STREET ADDRESS	<b>8351 Westport Rd.</b>	
1.4 CITY-ST-ZIP	<b>JACKSONVILLE, FL 32244</b>	
2.1 TITLE	<b>AVP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>JAMES WATSON</b>	
2.3 STREET ADDRESS	<b>8351 Westport Rd.</b>	
2.4 CITY-ST-ZIP	<b>JACKSONVILLE, FL 32244</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Corinne Chronister* - Corinne Chronister 1-2297

5732450

CR2E034 (9/96)