

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY 12 PM 3: 30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # **G28072** (8)

1. Corporation Name  
**NACO BUILDERS INCORPORATED**

|   |   |
|---|---|
| Principal Place of Business<br><b>2602 AUBURN AVE.<br/>TAMPA FL 33614</b> | Mailing Address<br><b>2602 AUBURN AVE.<br/>TAMPA FL 33614</b> |
|---|---|

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>03/16/1983</b> | 3a. Date of Last Report<br><b>03/03/1994</b> |
|--|--|

|  |   |   |  |
|--|---|---|--|
| 2. Principal Place of Business<br>21 <b>2701 N. HIMES AVE.</b> | 2a. Mailing Address<br>26 <b>2701 N. HIMES AVE.</b> | 4. FEI Number<br><b>59-2309720</b>  | Applied For<br>Not Applicable            |
| Suite, Apt. #, etc.<br>22 <b>102</b>                           | Suite, Apt. #, etc.<br>27 <b>102</b>                | 5. Certificate of Status Desired<br><input type="checkbox"/>                          | <b>\$8.75</b> Additional<br>Fee Required |
| City & State<br>23 <b>TAMPA, FL</b>                            | City & State<br>28 <b>TAMPA, FL</b>                 | 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/> | <b>\$5.00</b> May Be<br>Added to Fees    |
| Zip<br>24 <b>33607</b>   | Country<br>25 <b>USA</b>                            | Zip<br>29 <b>33607</b>  | Country<br>30 <b>USA</b>                 |

|  |  |  |                                |
|--|--|--|--------------------------------|
| 9. Name and Address of Current Registered Agent<br><b>DE LOS SANTOS, ORLANDO<br/>2602 AUBURN AVE.<br/>TAMPA FL 33614</b> |  | 10. Name and Address of New Registered Agent                                       |                                |
|  |  | 81 Name<br><b>ORLANDO DE LOS SANTOS</b>  |                                |
|  |  | 82 Street Address (P.O. Box Number is Not Acceptable)<br><b>2701 N. HIMES AVE.</b> |                                |
|  |  | 83<br><b>SUITE 102</b>   |                                |
|  |  | 84 City<br><b>TAMPA</b>  | 85 Zip Code<br><b>FL 33607</b> |

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 **ORLANDO DE LOS SANTOS** *[Signature]* DATE **2/17/95**

|   |   |  |  |
|---|---|--|--|
| 12. OFFICERS AND DIRECTORS                    |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                                    |  |
| TITLE<br><b>DP</b>                            | NAME<br><b>DE LOS SANTOS, ORLANDO</b>     | 11 TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| STREET ADDRESS<br><b>2602 AUBURN AVE.</b>     | CITY-ST-ZIP<br><b>TAMPA FL</b>            | 12 NAME  |  |
|   |   | 13 STREET ADDRESS  |  |
|   |   | 14 CITY-ST-ZIP   |  |
| TITLE<br><del>ST</del>                        | NAME<br><del>DE LOS SANTOS, ELENA</del>   | 21 TITLE<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| STREET ADDRESS<br><del>2602 AUBURN AVE.</del> | CITY-ST-ZIP<br><del>TAMPA, FL 00008</del> | 22 NAME<br><b>DELETE</b>   |  |
|   |   | 23 STREET ADDRESS  |  |
|   |   | 24 CITY-ST-ZIP   |  |
| TITLE   | NAME                                      | 31 TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| STREET ADDRESS                                | CITY-ST-ZIP                               | 32 NAME  |  |
|   |   | 33 STREET ADDRESS  |  |
|   |   | 34 CITY-ST-ZIP   |  |
| TITLE   | NAME                                      | 41 TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| STREET ADDRESS                                | CITY-ST-ZIP                               | 42 NAME  |  |
|   |   | 43 STREET ADDRESS  |  |
|   |   | 44 CITY-ST-ZIP   |  |
| TITLE   | NAME                                      | 51 TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| STREET ADDRESS                                | CITY-ST-ZIP                               | 52 NAME  |  |
|   |   | 53 STREET ADDRESS  |  |
|   |   | 54 CITY-ST-ZIP   |  |
| TITLE   | NAME                                      | 61 TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| STREET ADDRESS                                | CITY-ST-ZIP                               | 62 NAME  |  |
|   |   | 63 STREET ADDRESS  |  |
|   |   | 64 CITY-ST-ZIP   |  |

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\*\*\*\*\*225.00 \*\*\*\*\*225.00

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 110.07(3)(a), 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 of this report. I am the attached agent with an original.

SIGNATURE: **ORLANDO DE LOS SANTOS** *[Signature]* DATE **2/17/95** 1-813-8759194