# 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

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DIVISION OF CORPORATIONS
95 JAN 20 PM 4:11

DOCUMENT # G48641 (6)

1. Corporation Name
GARY NELSON BUILDER, INC.

DO NOT WRITE IN THIS SPACE.

| Principal Place of Business | Mailing Address |
|---|---|
| % GARY J. NELSON<br>~~P.O. BOX 45~~ P.O. BOX 560026<br>~~WINDERMERE FL 34786-0045~~ MONTVERDE<br>US FL. 34756-0026 US | % GARY J. NELSON,<br>~~P.O. BOX 45~~ P.O. BOX 560026<br>~~WINDERMERE FL 34786-0045~~ MONTVERDE<br>FL. 34756-0026 |

3. Date Incorporated or Qualified: 07/14/1983
3a. Date of Last Report: 01/27/1994

2. Principal Place of Business
21: 17877 CR 455, MONTVERDE, FL
22 Suite, Apt. #, etc.:
23 City & State: MONTVERDE, FL.
24 Zip: 34756
25 Country: LAKE

2a. Mailing Address: P.O. Box 560026
26: MONTVERDE, FL. 34756-0026
27 Suite, Apt. #, etc.:
28 City & State: MONTVERDE, FL
29 Zip: 34756-0026
30 Country: LAKE

4. FEI Number: 59-2312291 ☐ 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

NELSON, GARY J.
5560 PALM LAKE CIRCLE
ORLANDO FL 32819

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 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 | PD | 11 TITLE | ☐ Change ☐ Addition |
| NAME | NELSON, GARY J. | 12 NAME | |
| STREET ADDRESS | 5560 PALM LAKE CIRCLE | 13 STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO FL | 14 CITY-ST-ZIP | |
| TITLE | VST | 21 TITLE | ☐ Change ☐ Addition |
| NAME | NELSON, MADELYN M. | 22 NAME | |
| STREET ADDRESS | 5560 PALM LAKE CIRCLE | 23 STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO FL | 24 CITY-ST-ZIP | |
| TITLE | D | 31 TITLE | ☐ Change ☐ Addition |
| NAME | NELSON, MADELYN M. | 32 NAME | |
| STREET ADDRESS | 5560 PALM LAKE CIRCLE | 33 STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO FL | 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: Madelyn M. Nelson MADELYN M. NELSON 1-17-95 (407)469-0404
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone Number

0403316 FP