

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # **G77742** (6)

95 MAY -1 PM 3:52

1. Corporation Name
JOHN LLOYD BUILDERS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**0075 101ST AVE
VERO BEACH FL 32966
US**

Mailing Address
**P.O. BOX 781247
SEBASTIAN FL 32978-1247
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **01/09/1984** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business		2a. Mailing Address	
21	4001 5TH TERRACE	26	P.O. BOX 781270
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23	VERO BEACH, FL	28	SEBASTIAN, FL
24	Zip 32966	29	Zip 32978
25	Country USA	30	Country USA

4. FEI Number 59-2369070	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under G. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MARINE, CHRISTOPHER H. 979 BEACHLAND BLVD VERO BEACH FL 32963				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LLOYD, JOHN A.	1.2 NAME	
STREET ADDRESS	1465 58TH SQUARE	1.3 STREET ADDRESS	P.O. BOX 781270 #A
CITY - ST - ZIP	VERO BEACH FL 32966	1.4 CITY - ST - ZIP	SEBASTIAN, FL 32978
TITLE	DS	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LLOYD, ELLEN D.	2.2 NAME	
STREET ADDRESS	1465 58TH SQUARE	2.3 STREET ADDRESS	P.O. BOX 781270 #A
CITY - ST - ZIP	VERO BEACH FL 32966	2.4 CITY - ST - ZIP	SEBASTIAN, FL 32978
TITLE	V	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LLOYD, BRYAN	3.2 NAME	
STREET ADDRESS	1465 58TH SQUARE	3.3 STREET ADDRESS	P.O. BOX 781270 #A
CITY - ST - ZIP	VERO BEACH FL 32966	3.4 CITY - ST - ZIP	SEBASTIAN, FL 32978
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(3)(b), 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *John A. Lloyd* **JOHN A. LLOYD** Apr. 24, 1995 400-208-5777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone #)