

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G77742 (6)**

1. Corporation Name
JOHN LLOYD BUILDERS, INC.



Principal Place of Business: **4001 57TH TERRACE VERO BEACH FL 32966 US**
Mailing Address: **P.O. BOX 781270 SEBASTIAN FL 32978 US**

3. Date Incorporated or Qualified: **01/09/1984**
3a. Date of Last Report: **05/01/1995**

21	2. Principal Place of Business 9400 US#1	26	2a. Mailing Address 9400 US#1	4.	FEI Number 59-2369070	Applied For	
	Suite, Apt. #, etc. Suite 9432		Suite, Apt. #, etc. Suite 9432	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
22	City & State Sebastian FL	27	City & State Sebastian FL	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
23	Zip 32958	28	Country USA	29	Zip 32958	30	Country USA
24	25	29	30	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**MARINE, CHRISTOPHER H.
979 BEACHLAND BLVD
VERO BEACH FL 32963**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LLOYD, JOHN A.	1.2 NAME	
STREET ADDRESS	P.O. BOX 781270 N/A	1.3 STREET ADDRESS	9400 US#1, Suite 9432
CITY-ST-ZIP	SEBASTIAN FL	1.4 CITY-ST-ZIP	Sebastian, FL 32958
TITLE	DS <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LLOYD, ELLEN D.	2.2 NAME	
STREET ADDRESS	P.O. BOX 781270 N/A	2.3 STREET ADDRESS	9400 US#1, Suite 9432
CITY-ST-ZIP	SEBASTIAN FL	2.4 CITY-ST-ZIP	Sebastian, FL 32958
TITLE	V <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LLOYD, BRYAN	3.2 NAME	
STREET ADDRESS	P.O. BOX 78120 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	SEBASTIAN FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 119.07(3)(k), 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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/96

Date

407-589-8019

Daytime Phone #

CR2E034 (12/95)