

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

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**Apr 10 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 # G77742 (6)**

1. Corporation Name  
**JOHN LLOYD BUILDERS, INC.**



Principal Place of Business Mailing Address

**9400 US 1  
STE 9432  
SEBASTIAN FL 32958  
US**

**9400 US 1  
STE 9432  
SEBASTIAN FL 32958-6399  
US**

3. Date Incorporated or Qualified **01/09/1984** 3a. Date of Last Report **04/30/1996**

4. FEI Number **59-2369070** 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

2. Principal Place of Business 2a. Mailing Address

21 **9432 US #1** 26 **9432 US #1**  
Suite, Apt #, etc. Suite, Apt #, etc.

22 **SEBASTIAN, FL** 27  
City & State City & State

23 **32958** 25 **USA** 28 **Sebastian FL** 29 **32958** 30 **USA**  
Zip Country Zip Country

9. Name and Address of Current 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 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>LLOYD, JOHN A.</b>	
STREET ADDRESS	<b>9400 US 1 STE 9432</b>	
CITY-ST-ZIP	<b>SEBASTIAN FL</b>	
TITLE	<b>DS</b>	<input type="checkbox"/> DELETE
NAME	<b>LLOYD, ELLEN D.</b>	
STREET ADDRESS	<b>9400 US 1 STE 9432</b>	
CITY-ST-ZIP	<b>SEBASTIAN FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>9432 US #1</b>
1.4 CITY-ST-ZIP	<b>Sebastian, FL 32958</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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, changed, on an attachment with an address.

SIGNATURE: **J. A. Lloyd** PROX. SIGNED **3-24-97** 561-589-8619

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)