

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G78628** (6)

1. Corporation Name  
**MICHAEL D. PARISH BUILDERS, INC.**



Principal Place of Business: % MICHAEL D. PARISH, 322 BAYSHORE DR., NICEVILLE FL 32578  
Mailing Address: % MICHAEL D. PARISH, 322 BAYSHORE DR., NICEVILLE FL 32578

2. Principal Place of Business (21-24): % MICHAEL D. PARISH, 322 BAYSHORE DR., NICEVILLE FL 32578  
2a. Mailing Address (25-28): % MICHAEL D. PARISH, 322 BAYSHORE DR., NICEVILLE FL 32578

3. Date Incorporated or Qualified: 01/12/1984  
3a. Date of Last Report: 01/31/1995  
4. FEI Number: 59-2444421  
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  
**PARISH, MICHAEL D.  
322 BAYSHORE DR.  
NICEVILLE FL 32578**

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: FL

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: \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
1. TITLE: PDS  
NAME: PARISH, MICHAEL D.  
STREET ADDRESS: 322 BAYSHORE DR.  
CITY-STATE: NICEVILLE FL  
2. TITLE: [ ] DELETE  
NAME:  
STREET ADDRESS:  
CITY-STATE:  
3. TITLE: [ ] DELETE  
NAME:  
STREET ADDRESS:  
CITY-STATE:  
4. TITLE: [ ] DELETE  
NAME:  
STREET ADDRESS:  
CITY-STATE:  
5. TITLE: [ ] DELETE  
NAME:  
STREET ADDRESS:  
CITY-STATE:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE: [ ] Change [ ] Addition  
1.2 NAME:  
1.3 STREET ADDRESS:  
1.4 CITY-STATE-ZIP:  
2.1 TITLE: [ ] Change [ ] Addition  
2.2 NAME:  
2.3 STREET ADDRESS:  
2.4 CITY-STATE-ZIP:  
3.1 TITLE: [ ] Change [ ] Addition  
3.2 NAME:  
3.3 STREET ADDRESS:  
3.4 CITY-STATE-ZIP:  
4.1 TITLE: [ ] Change [ ] Addition  
4.2 NAME:  
4.3 STREET ADDRESS:  
4.4 CITY-STATE-ZIP:  
5.1 TITLE: [ ] Change [ ] Addition  
5.2 NAME:  
5.3 STREET ADDRESS:  
5.4 CITY-STATE-ZIP:  
6.1 TITLE: [ ] Change [ ] Addition  
6.2 NAME:  
6.3 STREET ADDRESS:  
6.4 CITY-STATE-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, respectively, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)