

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 # **H22276** (0)

1. Corporation Name

TULLY BUILDERS INC.



Principal Place of Business

PO BOX 4290
5115 MEDORAS AVE
ST. AUGUSTINE FL 32085

Mailing Address

PO BOX 4290
5115 MEDORAS AVE
ST. AUGUSTINE FL 32085

3. Date Incorporated or Qualified

09/24/1984

3a. Date of Last Report

04/14/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TULLY, BARRY NEIL
5115 MEDORAS AVENUE
ST.AUGUSTINE FL 32085**

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

Signature of officer or director of registered agent (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DPV** ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME **TULLY, BAR NEIL**
STREET ADDRESS **5115 MEDORAS AVE**
CITY- ST- ZIP **ST. AUGUSTINE FL**

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

TITLE **S** ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME **TULLY, SUSAN F.**
STREET ADDRESS **5115 MEDORAS AVENUE**
CITY- ST- ZIP **ST. AUGUSTINE FL**

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY- ST- ZIP

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY- ST- ZIP

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY- ST- ZIP

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY- ST- ZIP

62 NAME

63 STREET ADDRESS

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)(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: *Barry Neil Tully*
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13-10-96 **904.471.5890**
Date Daytime Phone

CR2E034 (12/95)