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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H22276

(0)

TULLY BUILDERS INC.

**FILED** Jan 16 1997 8:00am Secretary of State



PO BOX 4290 5115 MEDORAS ST. AUGUSTINI 2. Principal F	FR 32085 Tace of Business EAS ABOVE #, etc	Mailing Address PO BOX 4280 5115 MEDORAS AVE ST. AUGUSTINE FL 32  2a. Mailing Address 26 SAME Suite. Apt. #, etc. 27 City & State	085-4290 AS /	Aß	ove	3. Date Incorporated or Qualified  09/24/1984 4. FEI Number  59-2516689 5. Certificate of Status Desired	3a. Dat	4/1996 Apply No. \$8.75 / Fee Re	eport  plied For  Applicable  Additional  equired
23		28	1			Election Campaign Financing     Trust Fund Contribution		\$5.00 Added t	
Z(p) <b>24</b>	Country 25 9. Name and Address of Curre	Ζιρ <b>29</b>	30	Country		This corporation has liability for in Florida Statutes  10. Name and Address of New Reg.	Yes [	] No	. 199.032,
ST.A	MEDORAS AVENUE AUGUSTINE FL 32085 To the provisions of Sections 607 05 registeror ment, or both, in the Stat am family in the and accept the oble	ect Jul			City -named corpora	Poration submits this statement for the potentials board of directors. I hereby accept	FL		Code Is registered registered
12.	OMCERS AN	est and tille 1 application. ID DIRECTORS	(NOT) rigiste		rt signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND	DIRECTOR	RS IN 12
TIFLF	DPV	DELETE	11	1 THILE				Change	Addit:on
NAME	TULLY, BAR NEIL			2 NAME					
STREET ADDRESS	5115 MEDORAS AVE			3 STREET #					
CITY+ST+ZiP TITLE	ST. AUGUSTINE FL	DELETE		4 CITY - ST 1 TITL <del>E</del>	- ZIP		<u>-</u>	Change	Addition
NAME	TULLY, SUSAN F.		1	2 NAME			•	0,4,90	
STREET ADDRESS	5115 MEDORAS AVENUE			3 STREET #	ADDRESS				
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STREET ADDRESS			1	3 STREET A	ADDRESS				
CITY-ST-7P			44	4 CITY - ST	- ZIP				
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NAME			<b>I</b>	2 NAME					
STREET ADDRESS				3 STREET A	!				
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TIFLE NAME		ר"ו הנרגונ		1 TITLE 2 NAME:			Į	Change	Addition
NAME CTOCCL ADDOLLOS			1	2 NAME	I TYDDI'CC				
STREET ADDRESS				3 STREET A	i				
0F*-SI-7P <b>14</b> ∴ do berel	the certify that the information supplie	of with the Lling done not a		to exec		d in Section 119 07/3V/). Florida Statutos	Lfurther	cortify that	*ho

and or feetby certy that me anormation supplied with this filing does not quarry for the exemption stated in Section 119.07(3)(i), Florida Statutes. Trumer certify that me information indicated on this annual report or suppliemental 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 co-position or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name Tam an officer or director of the co appears in Block 12 or Block 13.

SIGNATURE: