

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 # H28892 (8)

1. Corporation Name

PROFESSIONAL BUILDERS OF AMERICA, INC.



Principal Place of Business

Mailing Address

18507 PUTTERS PLACE
SUITE A1-4
TAMPA FL 33647
US

18507 PUTTERS PLACE
SUITE A1-4
TAMPA FL 33647
US

2. Principal Place of Business

2b. Mailing Address

21 P.O. BOX 873

26 P.O. BOX 873

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 ODESSA, FLORIDA

28 ODESSA, FLORIDA

Zip

Country

Zip

Country

24 33556

25 USA

29 33556

30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

11/06/1984

3a. Date of Last Report

04/14/1995

4. FEI Number

59-2467626

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

10. Name and Address of New Registered Agent

O'NEIL, LAWRENCE J.
111 EAST MADISON
FIRST FLORIDA TOWER 23RD FLOOR
TAMPA FL 33602

81 Name

RAYMOND ZULLI

82 Street Address (P.O. Box Number is Not Acceptable)

6600 SUNSET WAY

83

No. 207

84 City

ST. PETE BEACH

FL

85 Zip Code

33706

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

Raymond Zulli

(NOTE: Registered Agent signature required when reinstating)

4-18-96

12. OFFICERS AND DIRECTORS

TITLE VDT
NAME ZULLI, RAYMOND
STREET ADDRESS 18507 PUTTERS PL.
CITY-ST-ZIP TAMPA FL

TITLE PS
NAME ZULLI, BARBARA H.
STREET ADDRESS 18507 PUTTERS PL.
CITY-ST-ZIP TAMPA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VDT
1.2 NAME ZULLI, RAYMOND
1.3 STREET ADDRESS 6600 SUNSET WAY \$207
1.4 CITY-ST-ZIP ST. PETE BEACH, FL. 33706

2.1 TITLE PS
2.2 NAME ZULLI, BARBARA H.
2.3 STREET ADDRESS 6600 SUNSET WAY #207
2.4 CITY-ST-ZIP ST. PETE BEACH, FL. ##&#

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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:

Barbara H. Zulli

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-96

813-926-1232

CR2E034 (12/95)